
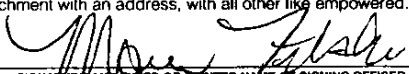


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 013 ***158.75

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P06000103637 1. Entity Name MARIES COMMERCIAL CLEANING INC. | | | |  | |
| Principal Place of Business 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309 | | | Mailing Address 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">90-0267117</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <div style="float: right; border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> | | | | 08252007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent FELSKI, MARIE 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELSKI, MARIE 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELSKI, STEPHEN 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  <div style="float: right; text-align: right;"> Date _____ Daytime Phone # _____ </div> | | | | | |