

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		City & State		4. FEI Number 90-0267117	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 <u><i>Marie Felski</i></u> DATE Signature, type or printed name of registered agent and use if appropriate. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELSKI, MARIE 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELSKI, STEPHEN 5273 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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: <u><i>Marie Felski</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>8/11/2008</i></u> Date		

Fax transmitted
3 pages total

Florida Department of State
Division of Corporations.

Sep 2nd 2008

Attention Teraline Salesberry

From : Manier Commercial Cleaning Inc

Ref# PO6000103637

Please waive the late fee of \$400.00, as I did not receive a timely notice. I have tried to file the report with \$150.00 attached and have issues with the current mail box and people removing mail from the back properties. I will be getting a lockable box soon. This letter serves as a request of additional fee waiver.

Sincerely
Maureen Feltki