

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


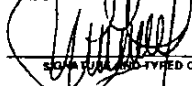
FILED
Jun 04, 2007 8:00 am
Secretary of State

05-01-2007 90018 018 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000116681					
1. Entity Name NIGHT CLUB CLEANING, CORP.					
Principal Place of Business 1040 NW 4 STREET 404 MIAMI FL 33128		Mailing Address 1040 NW 4 STREET 404 MIAMI FL 33128			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARABAJAL, MIRIAM B 1040 NW 4 STREET 404 MIAMI FL 33128			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>CARABAJAL MIRIAM B. PRESIDENT.</u>				DATE <u>4-20-07</u>	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARABAJAL, MIRIAM B		NAME		
STREET ADDRESS	1040 NW 4 STREET 404		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33128		CITY- ST- ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTIZ, ALEJANDRO J		NAME		
STREET ADDRESS	1040 NW 4 STREET 404		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33128		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		CARABAJAL MIRIAM B.		Date <u>4-20-07</u> Daytime Phone # <u>305-324-8115</u>	