

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-15-2008 90031 028 ***150.00

DOCUMENT # P07000002142	
1. Entity Name TOTAL CLEANING OF CENTRAL FLORIDA, INC.	

Principal Place of Business 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617	Mailing Address 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617
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66003165



2. Principal Place of Business - No P.O. Box # 111 Bullard Pkwy Suite, Apt. #, etc. Suite # 206	3. Mailing Address P.O. Box 292846 Suite, Apt. #, etc.
City & State Tampa FL	City & State Tampa FL
Zip 33617	Country USA
Zip 33687	Country USA

01112008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8289581

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMOS, JOSE S 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BALLESTEROS, RODOLFO 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CORRALES, NORMA A 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST Corrales Norma A 301 N Sleepy Hollow av Tampa FL 33617 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BALLESTEROS, RODOLFO E 301 SLEEPY HOLLOW AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Ballesteros Rodolfo E 301 N Sleepy Hollow av Tampa FL 33617 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this report 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, from all other like empowered.

SIGNATURE: Rodolfo E Ballesteros 01/11/08 813-9833753