2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State
05-06-2008 90029 005 ***150.00

DOCUMENT # P07000004611

1. Entity Name
A-MACULATE CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
940 SWEETWATER LANE #209 BOCA RATON FL 33431	940 SWEETWATER LANE #209 BOCA RATON FL 33431

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
940 Sweetwater Lane		940 Sweetwater Lane	
Suite, Apt. #, etc.: #311		Suite, Apt. #, etc.: # 311	
City & State: Boca Raton		City & State: Boca Raton	
Zip: FL	Country: 33431	Zip: FL	Country: 33431

4. FEI Number: 56-2633979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEDMAN, MICHAEL H
940 SWEETWATER LANE #209
BOCA RATON FL 33431

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 ____________ 4/19/08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 IN 11		
TITLE	D	☐ Delete	TITLE	Pres	☐ Change ☑ Addition
NAME	FREEDMAN, MICHAEL H		NAME	Beta Freedman	
STREET ADDRESS	940 SWEETWATER LANE #209		STREET ADDRESS	940 Sweetwater Lane #311	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ Delete	TITLE	Director	☐ Change ☐ Addition
NAME			NAME	Michael Freedman	
STREET ADDRESS			STREET ADDRESS	940 Sweetwater Lane #34	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: ____________ 4/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #