

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/17/10--01025--001 **550.00

CR2B081 (6/10)

DOCUMENT # P07000011968

1. Corporation Name

FERNANDEZ CLEANING SERVICES, INC.

2. Principal Office Address - No P.O. Box #

12831 SW 43RD RD. DR

3. Mailing Office Address

12831 SW 43RD RD. DR

Suite, Apt. #, etc.

241

Suite, Apt. #, etc.

241

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2007

5. FEI Number

208490529

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FERNANDEZ, MAYTE

Street Address (P.O. Box Number is Not Acceptable)

12831 SW 43RD RD. DR.

Suite, Apt. #, Etc.

241

City

MIAMI

State

FL

Zip Code

33175

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 08/16/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FERNANDEZ, MAYTE	12831 SW 43RD RD. DR	MIAMI FL 33175

10. E-mail Address: MAYLEO@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/16/2010

Date

Daytime Phone #

TB

AUG 17 2010