

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 050 ***150.00

DOCUMENT # P07000032233

1. Entity Name
SUPERIOR CLEANING SOLUTIONS INC.



Principal Place of Business Mailing Address
21300 NW 14TH PLACE BLDG 1 SUITE 307 21300 NW 14TH PLACE BLDG 1 SUITE 307
MIAMI, FL 33169 MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11243 NE 11th PL **11243 NE 11th PL**
Suite, Apt. #, etc. Suite, Apt. #, etc.



04302008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For
Biscayne Park **Biscayne Park** **41-2233131** Not Applicable
Zip Country Zip Country
33161 **U.S.A** **33161** **U.S.A**
5. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MONCRIETTE, CLIFF Name
21300 NW 14TH PLACE BLDG 1 SUITE 307 **Moncriette Cliff**
MIAMI, FL 33169 Street Address (P.O. Box Number is Not Acceptable)
11243 NE 11th PL
City **Biscayne Park** **FL** Zip Code **33161**

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 **[Signature]** DATE **4-29-2008**
(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIETTE, CLIFF		NAME		
STREET ADDRESS	21300 NW 14TH PLACE BLDG 1 SUITE 307		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CANDACE		NAME		
STREET ADDRESS	8760 NW 17TH CT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		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 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 or other like empowered.

SIGNATURE: **[Signature]** **4-29-2008** **954-844-1228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #