

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

03-27-2008 90033 019 ***158.00

DOCUMENT # P07000045229 1. Entity Name REDEMPTION CLEANING SERVICE INC.																													
Principal Place of Business 222 ASPEN WAY DAVIE FL 33325			Mailing Address 222 ASPEN WAY DAVIE FL 33325																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 20-8824990 Applied For ☒ Not Applicable																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)																									
6. Name and Address of Current Registered Agent MARMOLEJOS, VIRGILIO 222 ASPEN WAY DAVIE FL 33325			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 _____ DATE _____ Signature, typed or printed name of new agent or agent and date of change. (NOTE: Registered Agent signature required when necessary.)																													
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 \$5.00 May Be Added to Fees Trust Fund Contribution ☐																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MARMOLEJOS, VIRGILIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 ASPEN WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL 33325</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME	MARMOLEJOS, VIRGILIO		STREET ADDRESS	222 ASPEN WAY		CITY - ST - ZIP	DAVIE FL 33325		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 affidavit, with all other like empowered.																													
SIGNATURE: <i>Virgilio Marmolejos</i> Virgilio Marmolejos, President - 04/16/08 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR																													