
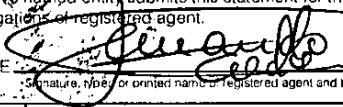
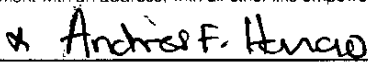


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 002 \*\*\*150.00

<b>DOCUMENT # P07000047185</b> 1. Entity Name <b>A.B.F. CLEANING SERVICES, INC.</b>					
Principal Place of Business <b>8635 BAROT DR</b> <b>308</b> <b>NAPLES, FL 34104</b>			Mailing Address <b>8635 BAROT DR</b> <b>308</b> <b>NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # <b>1729 CAMELIA LN</b>		3. Mailing Address <b>P.O. Box 9558</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>20-8859341</b>	
Zip <b>34105</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34101</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>HENAO, ANDRES F</b> <b>8635 BAROT DR</b> <b>308</b> <b>NAPLES, FL 34104</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>SPL INCOME TAX CORP</b> Street Address (P.O. Box Number is Not Acceptable) <b>6006 Radio Rd</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>		
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 <b>7/2/2008</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HENAO, ANDRES F</b> <b>8635 BAROT DR - APT. 308</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HENAO, ANDRES F</b> <b>1729 CAMELIA LN</b> <b>NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE: 			Date <b>7/2/08</b> Daytime Phone # <b>239-682-2340</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					