
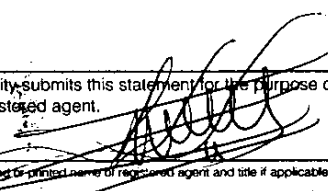
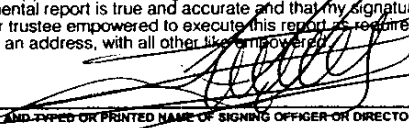


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 042 ***150.00

DOCUMENT # P07000054688					
1. Entity Name ALFACLEAN & SERVICE, INC.					
Principal Place of Business 2950 GRANDE VILLE CIR #118 OVIEDO, FL 32765			Mailing Address 2950 GRANDE VILLE CIR #118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 12861 MADISON POINTE CIRCLE		3. Mailing Address 12861 MADISON POINTE CIRCLE			
Suite, Apt. #, etc. # 203		Suite, Apt. #, etc. # 203			
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA			
Zip 32821		Country USA		4. FEI Number 208992819	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARAY, RAWNY ESQ 675 PINE RIVER PLACE BLDG 10 SUITE 205 OVIEDO, FL 32765			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: 01/13/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRERO, BERNABE 675 PINE RIVER PLACE BLDG 10 SUITE 205 OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRERO, BERNABE 12861 MADISON POINTE CIRCLE #203 ORLANDO FL 32821	
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 empowerment.					
SIGNATURE: 			01/13/2008 321-3313199 <small>Date Daytime Phone #</small>		