

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085778

Entity Name: CLEANING FORCE INC.

FILED  
Aug 22, 2008  
Secretary of State

**Current Principal Place of Business:**

3000 NE 1ST TERR  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

3000 NE 1ST TERR  
WILTON MANORS, FL 33334

**New Mailing Address:**

6400 W ATLANTIC BLVD  
APT 27  
MARGATE, FL 33063

FEI Number: 26-0722997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUZ VASQUEZ, HILDA  
3000 NE 1ST TERR  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

RIVAS, SAMUEL  
6400 W ATLANTIC BLVD  
APT 27  
MARGATE, FL 33063 US

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.

SIGNATURE: SAMUEL RIVAS

08/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RIVAS, SAMUEL  
Address: 3000 NE 1ST AVE.  
City-St-Zip: WILTON MANORS, FL 33334

Title: V (X) Delete  
Name: CASTRO, MARY V  
Address: 3000 NE 1ST AVE.  
City-St-Zip: WILTON MANORS, FL 33334

Title: S (X) Delete  
Name: LUZ VASQUEZ, HILDA  
Address: 3000 NE 1ST AVE.  
City-St-Zip: WILTON MANORS, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVTS (X) Change ( ) Addition  
Name: RIVAS, SAMUEL  
Address: 6400 W ATLANTIC BLVD APT 27  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL RIVAS

P

08/22/2008

Electronic Signature of Signing Officer or Director

Date