2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90038 046 ***150.00

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1. Entity Name
MODERN TOUCH CLEANING & MAINTENENCE, INC

40022

Principal Place of Business	Mailing Address
2643 FLAMINGO DRIVE MIRAMAR, FL 33023	2643 FLAMINGO DRIVE MIRAMAR, FL 33023

02272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20302 NW 32ND COURT	PO BOX 4089
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI GARDENS	WEST HOLLYWOOD
City & State: FL	City & State: FL
Zip: 33056 Country: USA	Zip: 33083 Country: USA

4. FEI Number 26-1341173 ☐ Applied For ☐ Not Applicable

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
RAMNAUTH, NANDRAM 2643 FLAMINGO DRIVE MIRAMAR, FL 33023	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 registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST RAMNAUTH, NANDRAM 2643 FLAMINGO DRIVE MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
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		☐ Delete		☐ Change	☐ Addition

20302 NW 32ND COURT
MIAMI GARDENS FL 33056

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: _____ 02-27-08 954-394-3408 305-725-6410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #