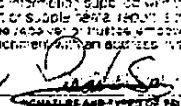


FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90391 032 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000117115			
1. Entry Name TOTAL CLEANING R US, INC.			
Principal Place of Business 6209 NW 71 TERRACE PARKLAND, FL 33067 US		Mailing Address 6209 NW 71 TERRACE PARKLAND, FL 33067 US	
2. Principal Place of Business - If P.O. Box		3. Mailing Address	
Subst. Act # 100		Subst. Act # 100	
City & State		City & State	
Zip		Country	
4. FE Number 261320907		5. Certificate of Status Decree ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRA, JUAN C 6209 NW 71 TERRACE PARKLAND, FL 33067		7. Name and Address of New Registered Agent	
8. The above named entity submits its statement of a purpose of complying to registered office of the state of Florida and its obligations as a registered agent.			
SIGNATURE			
9. Election Outingman Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS & DIRECTORS			
NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☒ President	NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Secretary ☐ Treasurer
NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director	NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director
NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director	NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director
NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director	NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director
NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director	NAME SERRA, JUAN C STREET ADDRESS 6209 NW 71 TERRACE CITY-STATE-ZIP PARKLAND, FL 33067	☐ Director
11. ADDITIONAL OFFICERS TO CAPTAIN AND DIRECTOR			
12. I hereby certify that the information supplied on this form does not violate the provisions contained in Chapter 10, Part 1, Section 10.01, Florida Statutes, which requires that the information be true and correct and that the information be filed with the Secretary of State. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.			
SIGNATURE: 		04/24/08 09/01/08	