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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. Entity Name
TOTAL CLEANING R US, INC.

66013145

Principal Place of Business	Mailing Address
6209 NW 71 TERRACE PARKLAND, FL 33067 US	6209 NW 71 TERRACE PARKLAND, FL 33067 US

2. Principal Place of Business - No P.O. Box
3. Mailing Address
State, Apt. # etc
State, Apt. # etc.
City & State
City & State
Zip
County
Zip
Country

J424200B Chg-P CR2E034 (12/05)

4. FEI Number
261320907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ 58.75 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

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 and it is familiar with, and accepts the obligations of, registered agent.

SIGNATURE
Signature of new registered agent (if changing) or current registered agent (if not changing)
Date

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRA, JUAN C 6209 NW 71 TERRACE PARKLAND, FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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 in Block 10 or Block 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] [signature] 04/24/08 06/01/08
SIGNATURE AND TYPE OR PRINTED NAME OF SOLE OFFICER/DIRECTOR
Date
Daytime Phone