

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121892

Entity Name: CLEANING SERVICE, CORP.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

313 MADES DR.
FORT PIERCE, FL 34947 US

Current Mailing Address:

313 MADES DR.
FORT PIERCE, FL 34947 US

New Principal Place of Business:

1319 PEPPERTREE TRAIL
D
FORT PIERCE, FL 34950 US

New Mailing Address:

1319 PEPPERTREE TRAIL
D
FORT PIERCE, FL 34950 US

FEI Number: 83-0498404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DACOSTA, RONAIR A
5715 TANGELO DR.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

DACOSTA, RONAIR A
1319 PEPPERTREE TRAIL
D
FORT PIERCE, FL 34950 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: RONAIR DACOSTA

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DACOSTA, RONAIR A
Address: 5715 TANGELO DR.
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D () Delete
Name: POLITTO, CASSIA
Address: 5715 TANGELO DR.
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D () Delete
Name: POLITTO, MARIO S
Address: 5715 TANGELO DR.
City-St-Zip: FORT PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DACOSTA, RONAIR A
Address: 1319 PEPPERTREE TRAIL AP D
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D (X) Change () Addition
Name: POLITTO, CASSIA
Address: 1319 PEPPERTREE TRAIL AP D
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D (X) Change () Addition
Name: POLITTO, MARIO S
Address: 1319 PEPPERTREE TRAIL AP D
City-St-Zip: FORT PIERCE, FL 34950 US

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: RONAIR DACOSTA

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date