

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004131

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BUSTAMANTE CLEANING SERVICES, INC

## Current Principal Place of Business:

14213 SHADOW MOSS LANE UNIT 102  
TAMPA, FL 33613

## New Principal Place of Business:

9112 PEBBLE CREEK DRIVE  
TAMPA, FL 33647

## Current Mailing Address:

14213 SHADOW MOSS LANE UNIT 102  
TAMPA, FL 33613

## New Mailing Address:

9112 PEBBLE CREEK DRIVE  
TAMPA, FL 33647

FEI Number: 11-3832533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSTAMANTE, ELIECER M  
9112 PEBBLE CREEK DRIVE  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUSTAMANTE, ELIECER M  
Address: 9112 PEBBLE CREEK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: HERNANDEZ, CARLOS F  
Address: 14213 SHADOW MOSS LANE UNIT 102  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: GUERRERO, CLAUDIA P  
Address: 9112 PEBBLE CREEK DRIVE  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, CARLOS F  
Address: 4102 SKIPPER ROAD APT # 116  
City-St-Zip: TAMPA, FL 33613

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: ELIECER M. BUSTAMANTE

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date