

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042674

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL CLEANING SERVICES WITH GOOD OLD FASHION CARE, INC.,

**Current Principal Place of Business:**

3714 SOUTH WEST 60TH TERRACE  
#28  
DAVIE, FL 33314 US

**New Principal Place of Business:**

5808 W PARK ROAD  
#B  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

3714 SOUTH WEST 60TH TERRACE  
#28  
DAVIE, FL 33314 US

**New Mailing Address:**

5808 W PARK ROAD  
#B  
HOLLYWOOD, FL 33021 US

**FEI Number:** 77-0720907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONGSWORTH, MICHELLE F  
3714 SOUTH WEST 60TH TERRACE  
#28  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

LONGSWORTH, MICHELLE F  
5808 W PARK ROAD  
#B  
HOLLYWOOD, FL 33021 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: MICHELLE F LONGSWORTH

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: LONGSWORTH, MICHELLE F  
Address: 5808 W PARK ROAD #B  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE F LONGSWORTH

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date