


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000031129		
1. Entity Name PRO SHINE CLEANING SERVICES, CORP		

Principal Place of Business 3440 NW 4 TERR MIAMI, FL 33125 US	Mailing Address 3440 NW 4 TERR MIAMI, FL 33125 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1251 NW 20th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 404	
City & State FL		City & State FL	
Zip 33142	Country	Zip 33142	Country Miami

FILED
2012 JUN -4 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032012 Chg-P CR2E034 (12/11)

4. FEI Number 27-2325021		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDINA, PATRICIA 3618 WEST FLAGLER STREET SUITE 5 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, ALEXANDER 3440 NW 4 TERR MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500235882675 06/04/12--01051--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alexander Aguilar 5/30/12 Alexander Aguilar 98@yahoo.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS