

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000058504

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** STERLING RESIDENTIAL CLEANING, INC.

**Current Principal Place of Business:**

400 COMMERCE WAY  
SUITE 132  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 COMMERCE WAY  
SUITE 132  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 27-3071373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX CARE, INC  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 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

**OFFICERS AND DIRECTORS:**

**Title:** P,T  
**Name:** BERMUDEZ, CESAR E  
**Address:** 400 COMMERCE WAY STE 132  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** VP,S  
**Name:** BERMUDEZ, ELOISA Y  
**Address:** 400 COMMERCE WAY STE 132  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** GM  
**Name:** ASSENHEIMER, PAOLA M  
**Address:** 309 E. HILLCREST ST  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 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:** CESAR E. BERMUDEZ

P,T

04/19/2011

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

\_\_\_\_\_  
Date