2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000002088

1. Entity Name

COMMERCIAL CLEANING SERVICES OF CAPE CORAL, INC.



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

3444 MARINATOWN LANE NW

STE 25

N FORT MYERS, FL 33903 US

Mailing Address

3444 MARINATOWN LANE NW

STE 25

N FT MYERS, FL 33903 US



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01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0377363

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESOUSA, MANUEL C 3444 MARINATOWA LANE NW SUITE 25 FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the poons of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP DESOUSA, MANUEL 931 S.E. 1ST PLACE CAPE CORAL, FL 33990				U00000601587
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/26/07-80057-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/15/07 239-997-5977