

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000011931

1. Entity Name  
ALLSTAR CLEANING SERVICE, INC.



Principal Place of Business

1276 CAMBO CT NE  
PALM BAY, FL 32905

Mailing Address

1276 CAMBO CT NE  
PALM BAY, FL 32905

FILED

09 MAR 27 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3155039

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNELLA, ROBERT J  
1276 CAMBO CT NE  
PALM BAY, FL 32905

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ARENELLA, ROBERT
STREET ADDRESS	1276 CAMBO CT. NE
CITY- ST- ZIP	PALM BAY, FL
TITLE	S
NAME	ARENELLA, ROBERT
STREET ADDRESS	1276 CAMBO CT
CITY- ST- ZIP	PALM BAY, FL 32905
TITLE	VP
NAME	ARENELLA, ROBERT
STREET ADDRESS	1276 CAMBO CT
CITY- ST- ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

300147990083  
03/30/09--01050--013 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert Arnella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/09