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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005125 (7)

1. Corporation Name

AFTER HOURS CLEANING SERVICE, INC.



Principal Place of Business

Mailing Address

1515 NW 167TH ST
STE 232
MIAMI FL 33169
US

PO BOX 681183
MIAMI FL 33168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1994

4. FEI Number

65-0465474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 20600 N.W. 34 AVE

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip

33056

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 681183

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip

33168

Country

30 U.S.

9. Name and Address of Current Registered Agent

ALLEN, EDDY J.
1395 NW 167TH STREET
STE. 204
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

President Eddy Allen

4-28-98

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SANDERS, CLIFFORD
STREET ADDRESS 926 N.W. 58TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE C ☐ DELETE

NAME ALLEN, JOE
STREET ADDRESS 2040 NW 131 ST
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ALLEN, MARIE
STREET ADDRESS 2040 NW 131ST ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE PTD ☐ DELETE

NAME ALLEN, EDDY
STREET ADDRESS 320 SW 100 TERR
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Eddy Allen

4-28-98 (305) 127 8613

CR2E034 (10/97)