

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000005125

1. Entity Name
AFTER HOURS CLEANING SERVICE, INC.



FILED
Sep 02, 2008 08:00 AM
Secretary of State

Principal Place of Business
1282 N.W. 119 STREET
MIAMI, FL 33167 US

Mailing Address
PO BOX 681183
MIAMI, FL 33168 US



08282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0465474
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, EDDY J.
13641 SW 21ST STREET
MIRAMAR, FL 33027

**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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, JOE
STREET ADDRESS	2040 NW 131 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	ALLEN, MARIE
STREET ADDRESS	2040 NW 131ST ST.
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	CPTD
NAME	ALLEN, EDDY
STREET ADDRESS	13641 S.W. 21 STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000958721
09/02/08-80001-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-08