

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FEB 1996

DOCUMENT # **P94000033429 (9)**

1. Corporation Name

DESIRED CLEANING PLUS, INC.

95 MAR 1 1996

950 1111
TALLAHASSEE, FLORIDA

Principal Place of Business

**2700 W. OAKLAND PARK BLVD.
STE. 24C
OAKLAND PARK FL 33311**

Mailing Address

**2700 W. OAKLAND PARK BLVD.
STE. 24C
OAKLAND PARK FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0479650

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. Does corporation file reports for advertising fees under 5-100-199?

Florida Statutes

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, ROSALES
3300 NW 43RD STREET
LAUDERDALE LAKES FL 33309**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if Registered Agent is not the corporation)

Signature of Registered Agent (if Registered Agent is not the corporation)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE	D
NAME	ALLEN, ROSALES
STREET ADDRESS	3300 NW 43RD STREET
CITY, ST, ZIP	LAUDERDALE LAKES FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	DIRECTOR	☒ Change ☐ Addition
2. NAME	ROSALBE ALLEN	
3. STREET ADDRESS	3300 NW 43rd ST RSCT	
4. CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309	☐ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		☐ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ Change ☐ Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		☐ Change ☐ Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and that I am not guilty for the corporation stated in Section 13.002, Florida Statutes. I further certify that the information included 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 registered agent or person requested to execute this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 12 or Block 13, attached as an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalee Allen
Date: April 17, 1995