


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 013 ***150.00

DOCUMENT # P95000069423 1. Entity Name EXCEED CLEANING SERVICES INC.			
Principal Place of Business 8136 NE 2 CT MIAMI, FL 33138 US		Mailing Address 8316 NE 2 CT MIAMI, FL 33138 US	
2. Principal Place of Business 1271 NW 171 ST Suite, Apt. #, etc.		3. Mailing Address 1271 NW 171 ST Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33169 Country USA		City & State MIAMI FLORIDA Zip 33169 Country USA	
4. FEI Number 65-0611458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOS, JUSTO 8316 NE 2ND COURT MIAMI, FL 33138		7. Name and Address of New Registered Agent Name SANTOS JUSTO Street Address (P.O. Box Number is Not Acceptable) 1271 NW 171 ST City MIAMI FL Zip Code 33169	
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 X 8/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, PAULA 8316 NE 2 CT MIAMI, FL 33138	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, PAULA 1271 NW 171 ST MIAMI FL 33169	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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: X 8/16/05 (305) 625 9588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		SIGNATURE: X 8/16/05 (305) 625 9588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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