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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000072717	(8)
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GOLD COAST BRIGHT & SHINE CLEANING SERVICES, INC

Principal Place of Business Muring Address 11031 NW 2ND ST 11031 NW 2ND ST MIAMI FL 33172 MIAMI FL 33172 3. Date incorporated or Qualified 3a. Date of Last Report 09/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 65-0615130 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing Orty & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Country Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) **GRILLO, MAYELIN** 82 11031 NW 2ND ST 83 MIAMI FL 33172 84 City 85 Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation subtricts 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. outside a transfer of a click of according ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE. 1 1 TIFLE TELE **GRILLO, MAYELIN** NAME 11031 NW 2ND ST 1.3 STHEET ADDRESS STREET ADDRESS MIAMI FL 33172 1 4 CITY - ST - ZIP CITY-ST-ZIF ☐ Change Addition [] DELETE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 1111 F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 Cify - \$1-7 P CHTY - ST - ZIF ☐ Change Addition TT DELETÉ 4 ' TIPLE DILE 4.2 NAME NAME 4.3 STREET ACCRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 700 DELETE Change Addition 5 1 THEF TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF CITY ST-ZIP Change ☐ Addition DELE IE 6 1 TILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 011Y - \$1 - 7IP

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

14. To hereby certify that the information supplied with this fiveg is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 it made under oath, that I am an officer or director of the corporation of 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 on an attachment with an address 2/28/96

(12/95)

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