


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90037 009 \*\*\*150.00

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| <b>DOCUMENT # P96000010409</b>   |  |
| <b>1. Entity Name</b><br>SOUTH FLORIDA SPECIAL CLEANING SERVICES, INC. |   |

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| <b>Principal Place of Business</b><br>1350 SE 3RD AVE #410<br>DANIA FL 33004<br>US | <b>Mailing Address</b><br>PO BOX 22-1905<br>HOLLYWOOD FL 33022<br>US |
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| <b>2. Principal Place of Business</b><br>2961 SW 87 Ave.<br>Suite, Apt. #, etc.<br>Suite 301<br>City & State<br>Davie 33328<br>Zip<br>FL | <b>3. Mailing Address</b><br>PO Box 22-1905<br>Suite, Apt. #, etc.<br>City & State<br>Hollywood, FL<br>Zip<br>33022<br>Country<br>USA |
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MOORE CR2E034 (11/03)

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| <b>6. Name and Address of Current Registered Agent</b><br>PERROTA, RALPH<br>1350 SE 3RD AVE SUITE 410<br>DANIA FL 33004 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>RALPH PERROTTA<br>Street Address (P.O. Box Number is Not Acceptable)<br>2741 Ocean Club Blvd<br>#12-107<br>City<br>Hollywood FL<br>Zip Code<br>33019 |
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**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 *Ralph Perrotta* DATE 02/06/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>PERROTA, RALPH<br>1350 SE 3RD AVE SUITE 410<br>DANIA FL 33004 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICEPRES./TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>RALPH PERROTTA<br>2741 Ocean Club Blvd. #12-107<br>Hollywood, FL 33019 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT-SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>ELIZABETH SINKU<br>2961 SW 87 Ave, Suite 301<br>DAVIE, FL 33328        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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:** *Ralph Perrotta* *Ralph Perrotta* 02/06/04 954-921-9698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #