

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000010409

1. Entity Name
SOUTH FLORIDA SPECIAL CLEANING SERVICES, INC.



Principal Place of Business
2961 SW 87 AVE
SUITE 301
DAVIE, FL 33328 US

Mailing Address
PO BOX 22-1905
HOLLYWOOD, FL 33022 US

DO NOT WRITE IN THIS SPACE

**FILED
Jan 09, 2006 08:00 AM
Secretary of State**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0639492	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERROTTA, RALPH
2741 OCEAN CLUB BLVD
#12-107
HOLLYWOOD, FL 33019

**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 *Ralph Perrotta*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-6-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PERROTTA, RALPH 2741 OCEAN CLUB BLVD. #12-107 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SINKUL, ELIZABETH 2961 SW 87 AVE., SUITE 301 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/06-80010-021 150.00

**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: *Ralph Perrotta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*954-921-9698
1-6-06 954-258-3690*

Date

Daytime Phone #