

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 028 \*\*\*150.00

**DOCUMENT # P96000024011**

1. Entity Name  
**A M CLEANING SERVICES, INC.**



Principal Place of Business  
**377 TRIER ROAD NW  
PALM BAY, FL 32907**

Mailing Address  
**377 TRIER ROAD NW  
PALM BAY, FL 32907**

**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3393749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MONTUFAR, MARIA E  
377 TRIER ROAD NW  
PALM BAY, FL 32907**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
**D  
MONTUFAR, MARIA E  
377 TRIER ROAD NW  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MONTUFAR, JOSE L  
377 TRIER ROAD NW  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GOMEZ-TOLOZANO, FREIDA  
1822 WOODBERRY CIRCLE  
MELBOURNE, FL 32935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54060773

#P96000024 July 6, 2002  
011

Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL

Dear Sirs/MADAM:

As of today July 6, 2002, I have not  
received 2004 Profit Corporation Annual  
report forms.

Attached is payment for \$150.00

Sincerely  
Janie E. Montoya