2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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

03192006 No Chg-P CR2E034 (11/05)

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

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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 ______________________________ 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

000000555165
05/16/06--00024--002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTUFAR, MARIA E
STREET ADDRESS	377 TRIER ROAD NW
CITY ST ZIP	PALM BAY, FL 32907
TITLE	D
NAME	MONTUFAR, JOSE L
STREET ADDRESS	377 TRIER ROAD NW
CITY ST ZIP	PALM BAY, FL 32907
TITLE	ST
NAME	GOMEZ-TOLOZANO, FREIDA
STREET ADDRESS	1822 WOODBERRY CIRCLE
CITY ST ZIP	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 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: Maria E Montufar 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #