

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
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03192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FID Number 59-3393749	Added For ☐ Not Added
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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**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 _____ DATE _____
Signature, printed or typed name of agent or registered office, and date of signature required. FID # Registered Agent required except when changing.

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

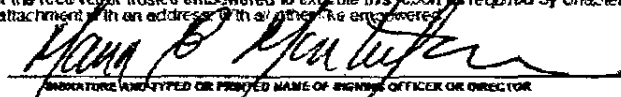
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

00000055185
05/16/06-80024-002 150.00

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	

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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:  **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR