2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024011

City-St-Zip:

MELBOURNE, FL 32935

Entity Name: A M CLEANING SERVICES, INC.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	R ROAD NW /, FL 32907				
Current Mailing Address:			New Mailing Address	5:	
	R ROAD NW 7, FL 32907				
FEI Number:	: 59-3393749	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
377 TRIEF	AR, MARIA E R ROAD NW /, FL 32907	US			
	named entity of Florida.	submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MONTUFAR, M 377 TRIER RO PALM BAY, FI	DAD NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MONTUFAR, 3 377 TRIER RO PALM BAY, FI	DAD NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GOMEZ-TOLO) Delete DZANO, FREIDA BERRY CIRCLE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARIA E. MONTUFAR D 01/30/2009