FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000030447 (2)

PRO-HOME CLEANING, INC.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
	IN-AVE \$75=629	245 0 3W 137TH AVE.: 9TE:	-223		
MIAMI FL 33175 MIAMI FL 33175				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifie	d
				04/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	127 0 0	4. FEI Number	Applied For
27 144	2/2M 92 LD.	26 24 SO SW	137 Ave	65-0664609	Not Applicable
Suite, Apt. (#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Ste 274	<u></u>		Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 N NO	LING PI	Zip Zip	Country	Trust Fund Contribution	
24 Zip 33 19	ala Country S A	233175 3		This corporation owes or has Personal Property Tax due Ju	·
24 00 1	9. Name and Address of Current I	<u> </u>	,, 0.3.7	10. Name and Address of New	
AL	OI Nome O				1 Agent Too
ALAYON PENA, P.A. 2460 SW 137 AVE 82 Stree				Henry (B.O. Boy Number in Not Assen	topics topics
	E-228		82 Street Ad	Idress (R.O. Box Nurhber is Not Accep	r Aug
MAMI EL 29175				He. 224	
10165	***************************************			AC. LOG	les Zin Code
	_		84 City W	Nianu	FL 85 79 Code 7
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered lagent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a cept the obligations of, section 607.0505, Florida Statutes/					
office or re	egistered lagent, of both, in the State of m familiar with, and a cept the obligar	/Florida. Such change was aut ions of, Section 607.0505, Florid	horized by the corpor ia Statutes/	ration's board of directors. I hereby ac-	cept the appointment as registered
SIGNATURE	THE STATE OF THE S	VINI	well le	on thesident	- 3/3/198/
SIGNATURE .	Signature, typed or purited name of registered by an		egistered Agent signature red		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MORALES, PEDRO P	1	1.2 NAME		
STREET ADDRESS	2450 SW 137TH AVE., STE. 22	26	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	PS PERSON	[] DELETE	2.1 TITLE		
NAME	MORALES, PEDRO	•	22 NAME		
STREET ADDRESS	2450 SW 137 AVE, STE 226		2.3 STREET ADDRESS		,
CMY-ST-ZIP TITLE	MIAMI FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 informatic indicated on this annual report or supplemental annual 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 nogiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an appear with an address.

SIGNATURE: