

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90200 040 \*\*\*150.00

**DOCUMENT # P96000030447**

1. Entity Name  
**PRO-HOME CLEANING, INC.**



Principal Place of Business

**16427 SW 95 LN  
MIAMI, FL 33196 US**

Mailing Address

**2450 SW 137 AVE  
SUITE 221  
MIAMI, FL 33175 US**

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0664609** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**A & P REGISTERED AGENT INC  
2450 SW 137 AVE  
STE 221  
MIAMI, FL 33175**

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORALES, PEDRO P
STREET ADDRESS	2450 SW 137TH AVE., STE. 226
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	PS
NAME	MORALES, PEDRO
STREET ADDRESS	2450 SW 137 AVE, STE 226
CITY-ST-ZIP	MIAMI, FL
TITLE	PS
NAME	Maria C. Blanco
STREET ADDRESS	2450 SW 137 Ave STE 226
CITY-ST-ZIP	Miami, FL - 33175
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 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

4/29/04

Date

305-408-2420

Daytime Phone #