2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOC	IMENT # 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 L

04242006

No Chg-P

CR2E034 (11/05)

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

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MIAMI, FL 33175			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 agont and title if applicable (NOTE, Registered			Agent signatur	e required when reinstating)	U0000054 440 4		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	7 05/11/06-80035-016 150.00		
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MORALES, PEDRO P 2450 SW 137TH AVE., STE. 226 MIAMI, FL 33175						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLANCO, MARIA C 2450 SW 137 AVE, STE 226 MIAMI, FL 33175	:					
RILE NAME Street address City -SI- ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information							

12. I hereby certify that the information supplied with this filling 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 of trusteelempowered 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 applicase, with all other like empowered.

President

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06

(305) 229-9050

Date

Daytime Phone #