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PROFIT **CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000047625 (4)

K & G CLEANING SERVICES INC.

APPROVED AND FILED

1997 JUN 30 AM 10: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address			 		PA WIOT (WW)
BOI S. OCEAN DR., #336 HOLLYWOOD R. 35 018	2501 S. OCEAN DR., #336 HOLLYWOOD FD 33019-260					
CONTINOON IN AND IN	1022,11000 12,000,102.00	,				
	*		 Date Incorporated or Qualified 06/05/1996 	3a, Date	e of Last F	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Α	pplied Fo
1 12320 N.W. 29th Street	26 12320 N.W. 2	29th Street	65-0684591		N	ot Applic
Suffe, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Fee Fl	Addition equired
City & State Sunrise, Florida	City & State	and dia	6. Election Campaign Financing			May Be
Sunrise Florida Zip Country	28 Sunrise, FLo	rida Country	Trust Fund Contribution			to Fees
33323 25 U.S.A.	29 33323	30 U.S.A.	This corporation has liability for Florida Statutes	intangible to		3. 199.03
9. Name and Address of Curre	1==1	30 0.0.A.	10. Name and Address of New Re			
OSTA, KAREN		81 Name		•		
2501 S. OCEAN DR., #336		(OSTA, KAREN	-1-1		
HOLLYWOOD FL 33019		82 Street Ado	ress (P.O. Box Number is Not Acceptal 12320 N.W. 29th Street	oie) E		
2		63				
V		84 City	Sunrise.	FL	85 Zip	Code 3323
Pursuant to the provisions of Sections 607.055 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	02 and 607.1508, Florida Statute	es, the above-named cor	rporation submits this statement for the p	ourpose of c	hanging i	its regist
Signature, typed or printed name of registered ag		: Registered Agent signature requ		DATE		
Signature, typed or printed name of registered ag					DIRECTO	RS IN 12
Signature, typed or printed name of registered ag OFFICERS AN	peni and title il applicable (NOTE ND DIRECTORS DELETE	: Registered Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND (DIRECTOR	
Signature, typed or printed name of registered ag 2. OFFICERS AN TILE D/P/S WME OSTA, Karen	ND DIRECTORS DELETE	13.		CERS AND (
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