2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000094723

1. Entity Name

CARLOS CLEANING CONTRACTORS, INC.



Principal Place of Business

7180 SCOTT STREET HOLLYWOOD, FL 33024 Mailing Address

7180 SCOTT STREET HOLLYWOOD, FL 33024

FILED Feb 19, 2007 08:00 AM Secretary of State



17.10

01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0709494 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS JR 7180 SCOTT STREET HOLLYWOOD, FL 33024

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					,,,,,,,	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. Lar	n lamiliar with, and accept
SIGNATURE_						
Signature, typed or printed name of registered agent and title if application (NOTE: Registered				ani a gnature required when reinstating) OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Funa Contribution	cing	\$5.00 May Be Added to Fees		
10.	D. OFFICERS AND DIRECTORS		I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CARLOS JR 7180 SCOTT STREET HOLLYWOOD, FL 33024			,	· ·	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				,	000000641814 03/01/07-80015-0	17 150.00
TITLE						· ; , " .

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IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that the information indicated on this report or supplierrental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 attact prent with an address, with the other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/0)

Dayt•rie Phone #