

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90091 001 ***150.00

DOCUMENT # 097000006704(5) ✓
Corporation Name
C&A GENERAL CLEANING, INC.

Principal Place of Business
16571 BLATT BLVD.
#203
WESTON, FL 33326

Mailing Address
16571 BLATT BLVD.
#203
WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>01/17/1997</u>	
Suite, Apt. #, etc.		26		4. FEI Number <u>65-0722223</u>	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>PEREZ, CARLOS A</u> <u>16571 BLATT BLVD.</u> <u>#203</u> <u>WESTON, FL 33326</u>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

1. 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 agent, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE <u>[Signature]</u> PRESIDENT Date <u>4-27-99</u>		(NOTE: Registered Agent signature required when reinstating)	
2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <u>PEREZ CARLOS A</u>		1.2 NAME	
1.3 STREET ADDRESS <u>3505 W. ATLANTIC BLVD #301</u>		1.3 STREET ADDRESS <u>16571 BLATT BLVD. #203</u>	
1.4 CITY-ST-ZIP <u>POMPANO BEACH, FL 33069</u>		1.4 CITY-ST-ZIP <u>WESTON, FL 33326</u>	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <u>PEREZ, ANGIE</u>		2.2 NAME	
2.3 STREET ADDRESS <u>3505 W. ATLANTIC BLVD. #301</u>		2.3 STREET ADDRESS <u>16571 BLATT BLVD. #203</u>	
2.4 CITY-ST-ZIP <u>POMPANO BEACH, FL 33069</u>		2.4 CITY-ST-ZIP <u>WESTON, FL 33326</u>	
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3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 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 receiver 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Carlos Perez PRESIDENT X 4-27-99 (95-1) 385-7089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)