

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0050753

PROFIT CORPORATION ANNUAL REPORT 2001



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

FILED

02 FEB -6 PM 2:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000092698
 1. Corporation Name
 B AND A CLEANING SERVICE INC

Principal Place of Business Mailing Address
 14221 SW 9 Terrace MIAMI, FL 33184
 14221 SW 9 Terrace MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
 10/28/1997
 4. FEI Number 65-0790382 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 HILDA A. ALVAREZ
 14221 SW 9 Terrace
 MIAMI, FL 33184

10. Name and Address of New Registered Agent
 81 Name HILDA A. ALVAREZ
 82 Street Address (P.O. Box Number is Not Acceptable) 14221 SW 9 Terrace
 83 City MIAMI FL 85 Zip Code 33184

11. Pursuant to the provisions of sections 607.0562 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: *Hilda Alvarez* DATE: 2-01-02
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: ALVAREZ HILDA	STREET ADDRESS: 14221 SW 9 Terrace	CITY-ST-ZIP: MIAMI, FL 33184	DELETE: <input type="checkbox"/>
TITLE: VPD	NAME: ALVAREZ MARIANO	STREET ADDRESS: 14221 SW 9 Terrace	CITY-ST-ZIP: MIAMI, FL 33184	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	DELETE: <input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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 -02/12/02-01065-017
 ***300.00 ***300.00

01-02 WBS

14. 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.

SIGNATURE: *Hilda Alvarez* DATE: 1-01-02 (305) 222-5557

CR2E034 (5/99)

A and B

B AND B CLEANING SERVICE INC
14221 SW 9 TERRACE
MIAMI, FL 33184

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Document #
P97000092698

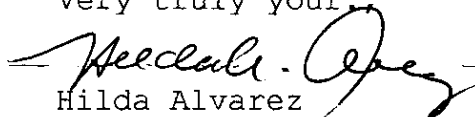
Gentlemen:

We are asking you to accept the payment of \$150.00 dollars as well report year 2001, for the franchise corporation.

We don't received or misplace reports for that year. We paid previous years on time.

This is a small corporation with a very low income and as a proof we are sending copy of quarterly sales tax report. We have a very bad economic situation. We hope you take in consideration our apology.

Very truly your,


Hilda Alvarez
PD