

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State
09-21-1999 90020 040 ***558.75

DOCUMENT # P98000017666

1. Corporation Name

ALEXANDRA'S MAGICAL CLEANING SERVICE, INC.



Principal Place of Business
**8450 N SHERMAN CIR. #E101
MIRAMAR FL 33025**

Mailing Address
**8450 N SHERMAN CIR. #E101
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

2. Principal Place of Business

21 4331 SW 32 ct

2a. Mailing Address

26 4331 SW 32 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Hollywood FL

City & State

28 Hollywood FL

Zip

24 33024

Country

25 USA

Zip

29 33024

Country

30 USA

4. FEI Number

65-0818143

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

**EARNEST, ALEXANDRA
8450 N SHERMAN CIR, #E101
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

81 Name

EARNEST, ALEXANDRA

82 Street Address (P.O. Box Number is Not Acceptable)

4331 SW 32 ct

83

84 City

Hollywood

FL

85 Zip Code

33024

11. 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

Alexandra Earnest

ALEXANDRA EARNEST, PRES 9-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **EARNEST, ALEXANDRA**
STREET ADDRESS **8450 N SHERMAN CIR, #E101**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☒ DELETE

NAME **JONES, WAYMOND II**
STREET ADDRESS **8450 N SHERMAN CIR, #E101**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☒ DELETE

NAME **KILPATRICK, TONYA**
STREET ADDRESS **8450 N SHERMAN CIR, #E101**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D** ☒ Change ☐ Addition

1.2 NAME **EARNEST, ALEXANDRA**
1.3 STREET ADDRESS **4331 SW 32 ct**
1.4 CITY-ST-ZIP **Hollywood FL 33024**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Alexandra Earnest
ALEXANDRA EARNEST

9-12-99

(954)

962-5547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0031683