

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000019641

1. Entity Name
EF CLEANING SERVICES, INC.



Principal Place of Business
1301 NE MIAMI GARDENS DR
#1216 W
NORTH MIAMI BEACH, FL 33179

Mailing Address
1301 NE MIAMI GARDENS DR
#1216 W
NORTH MIAMI BEACH, FL 33179



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0817193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FIGUEROA, ELIZABETH
1301 NE MIAMI GARDENS DR
#1216 W
NORTH MIAMI BEACH, FL 33179

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000345716
04/30/05-80046-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIGUEROA, ELIZABETH
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1216 W
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	VD
NAME	FIGUEROA, BENITO
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1216 W
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Figueroa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH FIGUEROA
PRESIDENT 01/21/05
Date Daytime Phone #