


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000019641</b> 1. Entity Name EF CLEANING SERVICES, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0817193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  FIGUEROA, ELIZABETH 1301 NE MIAMI GARDENS DR #1216 W NORTH MIAMI BEACH, FL 33179	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
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	<b>DO NOT WRITE IN THIS SPACE</b>
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		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **2-07-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #