

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

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90357 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---

DOCUMENT # 0000041581	
1. Corporation Name QUALITY COMMERCIAL CLEANING, INC.	
Principal Place of Business	Mailing Address
437 E ATLANTIC BLVD. BAY 3 POMPANO BEACH FL 33060	23266 COUNTRY CLUB DRIVE BOCA RATON FL 33428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 437 E ATLANTIC BLVD		26 23266 COUNTRY CLUB DRIVE		05-07-1998		05-01-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 BAY 3		27		65-0841620		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 POMPANO BEACH FL		28 BOCA RATON FL		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33060		25 BROWARD		29 33428		30 PALM BEACH	
Yes		No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DENSIE V DE OLIVERIRA 23266 COUNTRY CLUB DRIVE BOCA RATON FL 33428				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				23266 COUNTRY CLUB DRIVE			
				83			
				84 City			
				BOCA RATON FL			
				85 Zip Code			
				33428			

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	DENSIE V DE OLIVERIRA VICE PRES.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	V. P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRANCA ELIZABETH			1.2 NAME	DENSIE V DE OLIVERIRA		
STREET ADDRESS	23266 COUNTRY CLUB DRIVE			1.3 STREET ADDRESS	23266 COUNTRY CLUB DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33438			1.4 CITY-ST-ZIP	BOCA RATON FL 33438		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: <i>Densie V de Oliverira</i>		DENSIE V DE OLIVERIRA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		02-15-2001	
		(954) 477-7396	
		Daytime Phone #	