

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # P98000053494
 1. Entity Name
MAXICLEANCARE, INC.



Principal Place of Business Mailing Address
 562 N.W. 158TH LANE 562 N.W. 158TH LANE
 PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

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07122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0845753 Not Applicable

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

6. Name and Address of Current Registered Agent
 SALOMONE, MICHAEL F
 562 N.W. 158TH LANE
 PEMBROKE PINES, FL 33028

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 U00000773092
 08/30/07 80004 015 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALOMONE, MICHAEL
STREET ADDRESS	562 N.W. 158TH LANE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	SALOMONE, RAE L
STREET ADDRESS	562 NW 158 LANE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael F Salomone Michael F SALOMONE 8/28/07 84-665-8004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #