Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90007 043 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPLIRTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065823

1. Corpora ion Name

GUARDIAN ANGEL CLEANING SERVICES, INC.

Principal Place of Business Mailing Address					<u> </u>	BBSIMBI IIM I BIMI IMINI MAIIL MAI	11 28111 8811E BITE		
9938 MOSS POND DR.		9938 MOSS POND DR.							
BOCA RATON FL 33496		BOCA RATON FL 33496			DO NOT WRIT	CE IN THIS SE	ACE		
					3 Date In	corporated or Qualifed	<u> </u>		
					1	/1998			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu			Apr	plied For
21	ace of Edamess	26				-0865830		No	t Applicable
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.						\$8.75 A	«Iditional
22		27		5. Certifo	ite of Status Desired		Fee Re	cuired	
City & State	9	City & State			6. Electio	6. Election Campaign Financing \$5.00 May Be			May Be
23	<u> </u>	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This co	rporation owes the curre	ent year Intang	ible	
24		3	0			al Property Tax.			
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name	and Address of New R	egisterea Age	ant	
LBAA	S, VALDIR		01	Name					
	MOSS POND DR.		82	Street Ad	dress (P.O. Box	Number is Not Accepta	.ble)		l
	A RATON FL 33496		83						
DC-01	A TRATOR TE SOURCE		03						
	to the provisions of Sections 607.050		84	,			FL	85 Zip C	_}
SIGNATURE		nt ind title if applicable (NOTI : R	legistered Ager		u red when reinstating)	4/2	O 19 Y	<u>.                                    </u>	
12.		☐ DIRECTORS ☐ DELETE	13.		AUUITIC	NS/CHANGES TO OF		Change	Addition
TITLE	D . MAAC VALDID	- DELEVE	1.2 NAME				_		
NAME	LIMAS, VALDIR 9938 MOSS POND DR.		1	T ADDRESS					
STREET ADDRESS	BOCA RATON FL 33496		1.4 CITY-S						
CITY-ST-ZIP TITLE	D		2.1 TITLE	1-21				] Change	Addition
NAME	LIMAS, JOVANE		2.2 NAME						
STREET ADDRESS	9938 MOSS POND DR.		2.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33496		2 4 CITY-8	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	)					
STREET ADDRESS			33 STREE	TADDRESS					
CITY-ST-ZIP			34 CITY-5	ST-ZIP					— ————————————————————————————————————
TITLE		☐ DELETE	4.1 TITLE	1			Ļ	Change	☐ Addition
NAME.			4 2 NAME						
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<del></del>		7 Change	Addition
TITLE		☐ DELETE	5.1 TITLE				L	] Change	Addition
NAME			5.2 NAME	TADDDCCC					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-21					Addition
TITLE			6.2 NAME				-		
NAME I			- V.L. 10 11.L						1

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 this 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

NING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRI