2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90010 031 ***150.00

DOCUMENT # P98000067043

1. Entity Name
INTERNATIONAL CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
14050 SW 84 ST. MIAMI, FL 33183	P.O. BOX 526924 MIAMI, FL 33152 US

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12255 S.W. 132 Ct.	P.O. BOX 830545
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL 33
Zip: 33186 Country: U.S.A.	Zip: 33183 Country: U.S.A.

4. FEI Number 65-0909968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ESTRADA, MANUEL
14770 S.W. 72 TERRACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL. Zip Code

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: Manuel Estrada 4/16/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRADA, MANUEL 14770 SW 72 TERR MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Erlinda Estrada 4-16-04 (305)255-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #