

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90090 010 \*\*\*150.00

DOCUMENT # P98000074686

1. Corporation Name  
C D S CLEANING SERVICES, INC.

Principal Place of Business

521 HIGHLAND AVENUE  
SUITE D  
ORLANDO FL 32801

Mailing Address

521 HIGHLAND AVENUE  
SUITE D  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

59-3530159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 818 RIVERS COURT

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FLORIDA

Zip

24 32828

Country

25 ORANGE

2a. Mailing Address

26 818 RIVERS COURT

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FLORIDA

Zip

29 32828

Country

30 ORANGE

9. Name and Address of Current Registered Agent

SAENZ, PAOLA  
521 HIGHLAND AVENUE  
SUITE D  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name PAOLA SAENZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 818 RIVERS COURT

84 City ORLANDO FL

FL

85 Zip Code 32828

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SAENZ, PAOLA  
STREET ADDRESS 521 HIGHLAND AVENUE, SUITE D  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE

NAME MURPHY, STEVE LUIS  
STREET ADDRESS 521 HIGHLAND AVENUE, SUITE D  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT  
PAOLA SAENZ  
1.3 STREET ADDRESS 818 RIVERS COURT  
1.4 CITY-ST-ZIP ORLANDO FL 32828

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SECRETARY  
STEVE LUIS MURPHY  
2.3 STREET ADDRESS 818 RIVERS COURT  
2.4 CITY-ST-ZIP ORLANDO FL 32828

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

3/19/99

Date

Daytime Phone #

CR2E034 (11/98)