

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90015 020 \*\*\*150.00

94046101



04042004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000086711</b>	
1. Entity Name <b>MOST RELIABLE CLEANING SERVICE, INC.</b>	

Principal Place of Business <b>1884 SW 176 WAY MIRAMAR, FL 33029</b>	Mailing Address <b>1884 SW 176 WAY MIRAMAR, FL 33029</b>
---	---

2. Principal Place of Business <b>549 NW 161 AVE</b>	3. Mailing Address <b>549 NW 161 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>
Zip <b>33028</b>	Country <b>USA</b>
Zip <b>33028</b>	Country <b>USA</b>

4. FEI Number <b>65-0870665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RUIZ, EDDY T 1884 SW 176 WAY MIRAMAR, FL 33029</b>	
--	--

7. Name and Address of New Registered Agent Name <b>Ruiz, Eddy T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>549 NW 161 AVE</b> City <b>Pembroke Pines</b> FL Zip Code <b>33028</b>	
--	--

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUIZ, EDDY T</b> <b>1884 SW 176 WAY</b> <b>MIRAMAR, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ruiz, Eddy T.</b> <b>549 NW 161 AVE</b> <b>Pembroke Pines, FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eddy T Ruiz 4/5/04 954-432-2049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #