2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000093587

1. Entity Name

PRESTIGE GENERAL CLEANING SERVICES, INC.



FILED Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

410 NE 3RD STREET

P O BOX 4027 LANTANA, FL 33465

BOYNTON BEACH, FL 33435



DO	NOT	WRITE	IN	THIS	SPA	CE
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 04222007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For

65-0884938

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINNOCK, DEAN 1020 A PARKSIDE GREEN DR WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p lions of registered agent.	urpose of changing its registered o	office or re	gistered agent, or both,	in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Registered Age	ent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINNOCK, DEAN 1020 A PARKSIDE GREEN DR WEST PALM BEACH, FL 33415							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PINNOCK, ANNETTE 1020 A PARKSIDE GREEN DR WEST PALM BEACH, FL 33415				U00000731166 nc/no/n7_oniin_nnc isa 7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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 a content like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4 22 57 561-541-0260

Davime Phone #