

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012790

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GOOD MASTER'S CLEANING SERVICES, INC.

**Current Principal Place of Business:**

12326 SW 117 CT  
MIAMI, FL 33186

**New Principal Place of Business:**

12134 SW 117TH COURT  
MIAMI, FL 33186

**Current Mailing Address:**

12326 SW 117 CT  
MIAMI, FL 33186

**New Mailing Address:**

12134 SW 117TH COURT  
MIAMI, FL 33186

FEI Number: 65-0897350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARGAS, GUSTAVO M  
1847 SE 15 ST  
HOMESTEAD, FL 33035 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COO ( ) Delete  
Name: VARGAS, GUSTAVO M  
Address: 1847 SE 15 ST  
City-St-Zip: HOMESTEAD, FL 33035

Title: PRES ( ) Delete  
Name: VARGAS, GUSTAVO D  
Address: 1735 W 60 ST #M-324  
City-St-Zip: HIALEAH, FL 33012

Title: CEO ( ) Delete  
Name: BENITEZ-VARGAS, LIZETTE  
Address: 1847 SE 15 ST  
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: VARGAS, GUSTAVO D  
Address: 1735 W 60 ST #M-324  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO M. VARGAS

COO

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date