


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000050396	
<b>1. Entity Name</b> NIAGARA CLEANING SERVICES, INC.	

<b>Principal Place of Business</b> 8181 NW 36TH ST 8-E MIAMI, FL 33166	<b>Mailing Address</b> 8181 NW 36TH ST 8-E MIAMI, FL 33166
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05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0924366	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RESTREPO, ANGELICA 8181 NW 36TH ST 8-E MIAMI, FL 33166
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**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ 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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, ANGELICA 8181 NW 36TH STREET SUITE 8-E MIAMI, FL 33166
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP MESA, HECTOR A 8181 NW 36TH STREET SUITE 8-E MIAMI, FL 33166
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05/05/05-80063-022 150.00

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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:**

*(Signature)* Angelica Restrepo (P) 305437-9812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #