

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90180 031 ***150.00

DOCUMENT # P99000081672 1. Entity Name EDDIE & ROSE RESIDENTIAL CLEANING EXPERTS, INC.			
Principal Place of Business 4722 SW 13TH PLACE DEERFIELD BEACH, FL 33442		Mailing Address P.O. BOX 5132 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 6881 JULIA GARDENS DR		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT CREEK, FL		City & State	
Zip 33073		Country	
Country		Country	
4. FEI Number 65-0941116		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, EDIMILSON 4722 SW 13TH PLACE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name 6881 JULIA GARDENS DR Street Address (P.O. Box Number is Not Acceptable) City COCONUT CREEK FL Zip Code 33073	
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 <u>EDIMILSON SILVA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DA SILVA, EDIMILSON 4722 SW 13TH PLACE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6881 JULIA GARDENS DR COCONUT CREEK FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 all other like empowered.			
SIGNATURE: <u>EDIMILSON SILVA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>(954) 709 7826</u> <small>Daytime Phone #</small>	