

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09



10272004 REIN-P CR2E098 (6/04)

DOCUMENT # P99000088373	
1. Entity Name ALPHA & OMEGA CLEANING SERVICES, INC.	
Principal Place of Business 1310 S.W. 13TH AVENUE #3 MIAMI, FL 33145	Mailing Address 1310 S.W. 13TH AVENUE #3 MIAMI, FL 33145
2. Principal Place of Business 770 Ponce De Leon Suite, Apt. #, etc. 204	3. Mailing Address 770 Ponce De Leon Suite, Apt. #, etc. 204
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Country

6. Name and Address of Current Registered Agent LEYVA, NELSON 1331 SW 21 TER MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 770 Ponce De Leon #204 City Coral Gables FL Zip Code 33134	
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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]* DATE **10/26/04**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEYVA, NELSON 1331 SW 21 TER MIAMI, FL 33145 <i>770 Ponce De Leon Coral Gables, FL 33134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042355520 11/01/04--01060--019 **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]* DATE **10/26/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALPHA & OMEGA CLEANING SERVICES INC.
770 PONCE DE LEON #204
CORAL GABLES, FL 33134

Wednesday, October 27, 2004

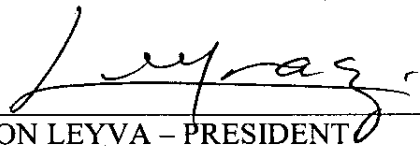
DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P99000088373

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. Please, we respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00 covering the 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.


NELSON LEYVA - PRESIDENT