

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S18335

1. Entity Name
CONTRACT CLEANING ASSOCIATES, INC.



Principal Place of Business

**335 PALM BLVD
WESTON, FL 33326 US**

Mailing Address

**335 PALM BLVD
WESTON, FL 33326 US**



08062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0245609** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHO, IK HWAN
335 PALM BLVD.
FT. LAUDERDALE, FL 33326**

**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 8, 2004**

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

TITLE	PD
NAME	CHO, IK HWAN
STREET ADDRESS	335 PALM BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	CHO, SOON HEE
STREET ADDRESS	335 PALM BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VPD
NAME	CHO, STEVE SUN
STREET ADDRESS	335 PALM BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	D
NAME	CHO, CAROLINE MOON
STREET ADDRESS	335 PALM BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #