
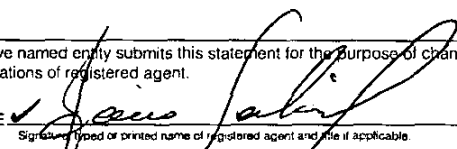
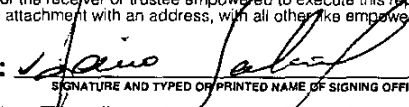


**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-26-2005 90029 022 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # S70199			
1. Entity Name S & S CLEANING SERVICE, INC.			
Principal Place of Business 11117 W OKEECHOBEE RD 120 HIALEAH, FL 33016		Mailing Address 7371 W 29TH WAY HIALEAH, FL 33016	
2. Principal Place of Business <b>7371 W 29TH WAY</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah, Florida</b>		City & State	
Zip <b>33016</b>		Country <b>USA</b>	
4. FEI Number <b>65-0283433</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALINAS, JAIRO U. 7371 W 29TH WAY HIALEAH, FL 33016		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 		Jairo U. Salinas DATE <b>5/25/05</b>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINAS, JAIRO U.	NAME	
STREET ADDRESS	7371 WEST 29TH WAY	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	
TITLE	SVD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINAS, BEATRIZ	NAME	
STREET ADDRESS	7371 W 29 WAY	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Jairo U. Salinas Date <b>5/25/05</b> Daytime Phone # <b>305-826-5801</b>	