

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142488

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: A & H CLEANING EXPERTS, INC.

## Current Principal Place of Business:

1838 NESTLEWOOD TRAIL  
ORLANDO, FL 32837 US

## New Principal Place of Business:

14664 KEELFORD WAY  
ORLANDO, FL 32824 US

## Current Mailing Address:

1838 NESTLEWOOD TRAIL  
ORLANDO, FL 32837 US

## New Mailing Address:

14664 KEELFORD WAY  
ORLANDO, FL 32824 US

FEI Number: 20-0444146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SABOGAL, ALBA C  
1838 NESTLEWOOD TRAIL  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

SABOGAL, ALBA C  
14664 KEELFORD WAY  
ORLANDO, FL 32824 US

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.

SIGNATURE: \_\_\_\_\_

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SABOGAL, HECTOR H  
Address: 1838 NESTLEWOOD TRAIL  
City-St-Zip: ORLANDO, FL 32837 US

Title: V ( ) Delete  
Name: SABOGAL, ALBA C  
Address: 1838 NESTLEWOOD TRAIL  
City-St-Zip: ORLANDO, FL 32837 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SABOGAL, HECTOR H  
Address: 14664 KEELFORD WAY  
City-St-Zip: ORLANDO, FL 32824 US

Title: V (X) Change ( ) Addition  
Name: SABOGAL, ALBA C  
Address: 14664 KEELFORD WAY  
City-St-Zip: ORLANDO, FL 32824 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA SABOGAL

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date