

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State



DOCUMENT # H89198
 1. Entity Name
 A-1-A CLEANING SERVICE, INC.

Principal Place of Business
 292 PLAMETTO AVE
 P.O. BOX 520947
 LONGWOOD, FL 32750 US

Mailing Address
 P.O. BOX 520947
 P.O. BOX 520947
 LONGWOOD, FL 32752-0947 US



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2617506 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KHORRAMIAN, FATEMEH
 292 E PALMETTO AVE
 LONGWOOD, FL 32750

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	KHORRAMIAN, MOHAMMAD R.
STREET ADDRESS	2044 ALAQUA DR
CITY- ST- ZIP	LONGWOOD, FL 327793116
TITLE	PT
NAME	KHORRAMIAN, FATEMEH
STREET ADDRESS	2044 ALAQUA DR
CITY- ST- ZIP	LONGWOOD, FL 327793116
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UNRECORDED
 04/09/04 80080-014 150.00

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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: Fatemeh Khorravian 4-2-04 407-339-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #