## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # P01000045557 05-02-2007 90100 044 \*\*\*150.00 1. Entity Name CHRIS & TOMI CLEANING SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 4287 P.O. BOX 4287 KEY WEST, FL 33041 KEY WEST, FL 33041 No Chg-P CR2E034 (11/05) 04292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1104125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \_ 6. Name and Address of Current Registered Agent DABROWSKI, CHRISTOPHER DO NOT WRITE 3314 NORTHSIDE DR APT 132 KEY WEST, FL 33040 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 of registered agent. the obligation istered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D ~~ TITLE DABROWSKI, CHRISTOPHER NAME STREET ADDRESS 1612 SUNSHINE DR CITY-ST-7IP KEY WEST, FL 33040 TITLE TORÔNI, TAMARA NAME STREET ADDRESS 1612 SUNSHINE DR CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTO

305-296-8269

**FILED**