

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

APPROVED AND FILED

1997 JUN 26 PM 2:07

DOCUMENT # **V24372** (7)
1. Corporation Name
COELLO'S CLEANING, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1472 BRIDLEBROOK COURT CASSELBERRY FL 32707

3. Date Incorporated or Qualified **03/25/1992** 3a. Date of Last Report **11/06/1995**
4. FEI Number **00-0000000 59-3116605** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COELLO, JAIME
1472 BRIDLEBROOK COURT
CASSELBERRY FL 32707
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jaime Coello* DATE **6/5/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Jaime Coello
STREET ADDRESS		1.3 STREET ADDRESS	1472 Bridlebrook Ct.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Casselberry Fl. 32707
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Rosario Coello
STREET ADDRESS		2.3 STREET ADDRESS	1472 Bridlebrook Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Casselberry Fl. 32707
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	
NAME		3.2 NAME	200002228002--6
STREET ADDRESS		3.3 STREET ADDRESS	-07/01/97--01079--019
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jaime Coello* **Jaime Coello** DATE **6/5/97** PHONE **(407) 699-0401**
Signature and typed or printed name of signing officer or director (Daytime Phone #)

CR2E034 (3/96)