


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90033 008 \*\*\*150.00

**DOCUMENT # P07000115528**

1. Entity Name  
**THE CLEANING GAZELLE, INC.**



Principal Place of Business  
**13043 PHILADELPHIA WDS LN.  
 ORLANDO, FL 32824**

Mailing Address  
**13043 PHILADELPHIA WDS LN.  
 ORLANDO, FL 32824**

**66008177**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03302008 Chg-P CRZE034 (12/06)

4. FEI Number  
**74-3252373**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRUZ, ROSALINA  
 13043 PHILADELPHIA WDS LN.  
 ORLANDO, FL 32824**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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: Rosalina Cruz DATE: 3/31/08

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|--------------|-----------------------|-----------------------------------|--------------------------|---------------------------------|
| <b>OWNER</b> | <b>CRUZ, ROSALINA</b> | <b>13043 PHILADELPHIA WDS LN.</b> | <b>ORLANDO, FL 32824</b> | <input type="checkbox"/>        |
| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
| TITLE        | NAME                  | STREET ADDRESS                    | CITY-ST-ZIP              | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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: [Signature] DATE: 3/31/08 407-284-0470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #