


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 046 ***150.00

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1. Entity Name
 CAROLIAN CLEANING SERVICES, INC.



Principal Place of Business
 2425 WILLOW TREE LANE
 KISSIMMEE, FL 34758

Mailing Address
 2425 WILLOW TREE LANE
 KISSIMMEE, FL 34758

2. Principal Place of Business - No P.O. Box #
 1631 E. VINE ST.

3. Mailing Address
 1631 E. VINE ST

Suite, Apt. #, etc.
 STE-B

Suite, Apt. #, etc.
 STE-B

City & State
 Kissimmee, FL

City & State
 Kissimmee, FL


Zip
 34744

Country
 OSCOLA

Zip
 34744

Country
 OSCOLA

402 -



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3666899

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOJICA, CARLOS E
 2425 WILLOW TREE LANE
 KISSIMMEE, FL 34758

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 _____ 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOJICA, CARLOS E	
STREET ADDRESS	2425 WILLOW TREE LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOJICA, EVELYN	
STREET ADDRESS	2425 WILLOW TREE LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICA, CARLOS E.	
STREET ADDRESS	1631 E. VINE ST STE-B	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICA, EVELYN	
STREET ADDRESS	1631 E. VINE ST. STE B	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carlos E. Mojica Date: 4/30/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR