

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90011 050 ***150.00

DOCUMENT # P00000066584

1. Entity Name
LOSAURO'S HOME CLEANING SERVICE, INC.



Principal Place of Business
5127 SAINT JOHN AVE. NORTH
BOYNTON BEACH, FL 33437

Mailing Address
5127 SAINT JOHN AVE. NORTH
BOYNTON BEACH, FL 33437

54008251



2. Principal Place of Business
5127 Saint John Ave S.
Suite, Apt. #, etc.

3. Mailing Address
5127 Saint John Ave S.
Suite, Apt. #, etc.

01242004 Chg-P CR2E034 (10/03)

City & State
Boynton Beach, Florida

City & State
Boynton Beach, Florida

4. FEI Number
65-1020909

Applied For
Not Applicable

Zip
33437

Country
Palm Beach

Zip
33437

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

PESTANO, ANTOLIN JR.
7758 NW 44TH ST.
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name Dalila Vega

Street Address (P.O. Box Number is Not Acceptable)
5619 S. Dixie Highway

City West Palm Beach

FL **Zip Code** 33405

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 **Dalila Vega, Registered Agent**

02/13/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOSAURO, MONICA S
STREET ADDRESS 10120 BOCA ENTRADA BLVD., #411
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE VD ☐ Delete
NAME LOSAURO, AMALIA M
STREET ADDRESS 10120 BOCA ENTRADA BLVD., #411
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME LOSAURO, MONICA S.
STREET ADDRESS 5127 Saint John Ave S.
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE VD ☒ Change ☐ Addition
NAME LOSAURO, AMALIA M.
STREET ADDRESS 5127 Saint John Ave S.
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Monica S. Losauro, President

02-13-04

(561) 213-2315

Date

Daytime Phone #