2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000066584

1. Entity Name

LOSAURO'S HOME CLEANING SERVICE, INC.



FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90349 010 ***150.00

						٧ .					
Principal Plac	e of Business	5	Mailing Add	ress		-					
5127 SAINT JOHN AVE. S.			5127 SAINT JOHN AVE. S.								
BOYNTON BEACH, FL 33437			BOYNTON BEACH, FL 33437			`					
						1,1651183131	1 2011) Daru Be tti Be lli Be l	A STATE BATH S AN	DI BIJRI 1811 BIR	1881 11 1881	
2 Principal D	lace of Busin		2 Marilian A								
2. Principal Place of Business 1128 Royal Palm Beach Blvd			3. Mailing Ad		Doesh Blood		i 63 111 60 111 60 111 60 111 61 1)) 13 91 5 6 016 618	B) B)		
Suite. Apt. #, etc.			1128 Roval Palm Beach Blvd Suite, Apt. #, etc.								
#415			#415			04082006	Chg-P	CR2E03	34 (11/05)		
City & State Roval Palm Beach, FL			City & State			4. FEI Numb	er		Ap	plied For	
			Royal Palm Beach. FL			65-102	20909		No	t Applicable	
Zip	Zip Country 33411		'		Country	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current F			33411		7 Name and	I Address of New 5		ee Require			
	0. Hanie	and Address of Carrent	redistated whe	FILL	Name	7. Name and	Address of New R	registered A	Seur.		
VEGA, DALILA											
5619 S DIXIE HIGHWAY			Street Addres			ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
WEST PALM BEACH, FL 33405					<u> </u>			· · · · · · · · · · · · · · · · · · ·			
					City			FL	Zip Code	•	
8. The above	named entity	y submits this statement for	the purpose of	changing its re	gistered office or reg	istered agent, or bo	oth, in the State of Flo	orida. Lam fa	amiliar with,	and accept	
the obligat	ions of regist	ered agent.									
SIGNATURE.											
					egistered Agent signature re	quired when reinstating)		DATE			

		FEE IS \$150.00 6 Fee will be \$550.0		ction Campaign ist Fund Contrib		\$5.00 May Be Added to Fees					
AILOI IVA	ay 1, 2000					Added to 1 ccs					
10.	t -: .	OFFICERS AND I	DIRECTORS		11.	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
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	VD LOSAURO			☐ Delete	CITY-ST-ZIP				☐ Change	☐ Addition	
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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:

MIL Wall

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monica S. Wall

04/08/2006

(561) 213-2315

Date

Daytime Phone #