


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P0000066584 1. Entity Name LOSAURO'S HOME CLEANING SERVICE, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1128 ROYAL PALM BEACH BLVD SUITE 415 ROYAL PALM BEACH, FL 33411 | Mailing Address 1128 ROYAL PALM BEACH BLVD SUITE 415 ROYAL PALM BEACH, FL 33411 |
|--|--|



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1020909 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VEGA, DALILA
5619 S DIXIE HIGHWAY
WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

U00000668514
03/27/07-80074-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALL, MONICA S 5127 SAINT JOHN AVE S BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOSAURO, AMALIA M 5127 SAINT JOHN AVE S BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  MONICA S. WALL, PRESIDENT 03/12/2007 (561) 213-2315

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