

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016782

FILED
Mar 23, 2006
Secretary of State

Entity Name: CINDERELLA MAID SERVICES, INC.

Current Principal Place of Business:

16300 NE 19 AVENUE
SUITE 104
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVENUE
SUITE 104
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1076597 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORA, LUCY
16300 NE 19 AVENUE
SUITE 104
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORA, LUCY
Address: 909 NE 199 STREET UNIT 105
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VD () Delete
Name: SPIVAK, CARMEN ROSA
Address: 9511 HOLLYBROOK LAKE DR #307
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY MORA

PD

03/23/2006

Electronic Signature of Signing Officer or Director

_____ Date