

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037253

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** ELSA CLEANING SERVICES, INC.

**Current Principal Place of Business:**

2073 43RD LANE SW  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7743  
NAPLES, FL 34101

**New Mailing Address:**

FEI Number: 65-1103537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARNELO, ELIZABETH  
2073 43RD LANE SW  
NAPLES, FL 34116 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: GARNELO, ELIZABETH  
Address: PO BOX 7743  
City-St-Zip: NAPLES, FL 34101

Title: VD ( ) Delete  
Name: GARNELO, SALVADOR  
Address: PO BOX 7743  
City-St-Zip: NAPLES, FL 34101

**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: ELIZABETH B GARNELO

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date