



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 040 ***150.00

DOCUMENT # P01000049763 1. Entity Name ORA PROFESSIONAL CLEANING, INC.							
Principal Place of Business 2932 NOVUS STREET SARASOTA, FL 34237			Mailing Address 5900 S TAMiami TRAIL STE I SARASOTA, FL 34231				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19319 Suite, Apt. #, etc.		 04212005 Chg-P CR2E034 (10/03)			
City & State		City & State SARASOTA, FL				4. FEI Number 65-1104192	
Zip 34237		Country USA				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, CATHERINE 5900 S TAMiami TRAIL SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name TRACY, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 2058 Constitution Blvd. City SARASOTA FL Zip Code 34231					
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 <u>Catherine K. Tracy</u> DATE <u>4-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KARACHI, ABDERAHMAN 2932 NOVUS STREET SARASOTA, FL 34237	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KARACHI, AGNES IRENE 2932 NOVUS STREET SARASOTA, FL 34237	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete					
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>4/21/05</u> Date <u>412-218-1949</u> Daytime Phone #							