

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072902 1. Entity Name L & Z CLEANING SERVICES, INC.						FILED 05 NOV 15 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5214 CAREY RD. TAMPA, FL 33624				Mailing Address 5214 CAREY RD. TAMPA, FL 33624			
2. Principal Place of Business 9303 HANDRAKE CT Suite, Apt. #, etc.		3. Mailing Address 9303 HANDRAKE CT Suite, Apt. #, etc.		 REINSTATEMENT 07012005 Chg-P CR2E034 (10/05)			
City & State TAMPA FL 33647		City & State TAMPA, FL		4. FEI Number 59-3732256		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33647		Country USA		Zip 33647		Country USA	
6. Name and Address of Current Registered Agent GILER, ZAIDA Z 5214 CAREY RD. TAMPA, FL 33624				7. Name and Address of New Registered Agent Name ZAIDA Z GILER Street Address (P.O. Box Number is Not Acceptable) 9303 HANDRAKE CT City TAMPA FL Zip Code 33647			
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 6/30/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				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 PDM <input type="checkbox"/> Delete NAME GILER, LUIS E STREET ADDRESS 5214 CAREY RD. CITY-ST-ZIP TAMPA, FL 33624				TITLE PDM <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GILER, LUIS E STREET ADDRESS 9303 HANDRAKE CT CITY-ST-ZIP TAMPA, FL 33647			
TITLE STD <input type="checkbox"/> Delete NAME GILER, ZAIDA Z STREET ADDRESS 5214 CAREY RD. CITY-ST-ZIP TAMPA, FL 33624				TITLE STD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GILER, ZAIDA Z STREET ADDRESS 9303 HANDRAKE CT CITY-ST-ZIP TAMPA, FL 33647			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 11/1/05 (813) 992 5836 <small>Daytime Phone #</small>			