


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072902 1. Entity Name L & Z CLEANING SERVICES, INC.	
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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
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2. Principal Place of Business 9303 HANORAKE CT Suite, Apt. #, etc.	3. Mailing Address 9303 HANORAKE CT Suite, Apt. #, etc.
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REINSTATEMENT
07012005 Chg-P CR2E034 (10/05)

City & State TAMPA FL	City & State TAMPA, FL	4. FEI Number 59-3732256	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 HANORAKE CT City TAMPA FL Zip Code 33647
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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: *[Signature]* DATE: **6/30/2005**

(NOTE: Registered Agent signature required when reinstating)

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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDM GILER, LUIS E <input type="checkbox"/> Delete	TITLE	PDM GILER, LUIS E <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILER, LUIS E	NAME	GILER, LUIS E
STREET ADDRESS	5214 CAREY RD.	STREET ADDRESS	9303 HANORAKE CT
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	TAMPA, FL 33647
TITLE	STD GILER, ZAIDA Z <input type="checkbox"/> Delete	TITLE	STD GILER, ZAIDA Z <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILER, ZAIDA Z	NAME	GILER, ZAIDA Z
STREET ADDRESS	5214 CAREY RD.	STREET ADDRESS	9303 HANORAKE CT
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **11/1/05** (813) 992 5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #