

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90005 015 \*\*\*150.00

**DOCUMENT # P01000097686**

1. Entity Name  
**MARGARET'S SUPERCLEANING, INC.**



Principal Place of Business  
**1060-A PARKSIDE GREEN  
WEST PALM BEACH, FL 33415**

Mailing Address  
**1060-A PARKSIDE GREEN  
WEST PALM BEACH, FL 33415**

**54064886**



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1145697**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CARDENAS, MANUEL  
1060-A PARKSIDE GREEN  
WEST PALM BEACH, FL 33415**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **CARDENAS, DIANA M**  
STREET ADDRESS **176 WOODLAND RD**  
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

ATTACHMENT

54064886

July 19, 2004

Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Annual Report  
Document # P01000097686  
Margaret's Supercleaning, Inc.

To Whom It May Concern:

I, Diana Cardenas, certify that I never received a previous notice to renew my corporation. As per my conversation with a representative at the Department of State I am requesting that the \$400.00 penalty be waived.

Thank you for your time and I apologize for any inconvenience.

Sincerely,

  
Diana Cardenas