

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000050633

1. Entity Name
DEL SOLAR CLEANING, INC.



Principal Place of Business

1004 COUNTRY COVE CT
OVIEDO, FL 32766

Mailing Address

1004 COUNTRY COVE CT
OVIEDO, FL 32766



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0443112

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

DEL SOLAR, VILMA
1004 COUNTRY COVE CT
OVIEDO, FL 32766

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000323564
04/22/05-80060-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEL SOLAR, VILMA
STREET ADDRESS 1004 COUNTRY COVE CT
CITY-ST-ZIP OVIEDO, FL 32766

TITLE DV
NAME O'NEAL, DREW
STREET ADDRESS 1004 COUNTRY COVE CT.
CITY-ST-ZIP OVIEDO, FL 32766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VILMA DELSOLAR

4-18-05

407-782-3296

Daytime Phone #