

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90411 025 ***150.00

DOCUMENT # P02000068541

1. Entity Name
SHINE & SPARKLE CLEANING SERVICE, INC.



Principal Place of Business
5550 PALAMOUNTAIN RD
LAKE WORTH, FL 33463

Mailing Address
5550 PALAMOUNTAIN RD
LAKE WORTH, FL 33463

94080026



2. Principal Place of Business

4178 Lake Tahoe Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 223472

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

West Palm Beach FL

City & State

West PALM Beach

Zip

33409

Country

USA

Zip

33422

Country

4. FEI Number

51-0420384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTES, IRMA
5550 PALAMOUNTAIN RD
LAKE WORTH, FL 33463

Name

CORTES, IRMA

Street Address (P.O. Box Number is Not Acceptable)

4178 LAKE TAHOE CIRCLE

City

WEST PALM BEACH

FL

Zip Code

33409

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]

IRMA CORTES

PRESIDENT

4/28/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MRS. ☐ Delete
NAME CORTES, IRMA P
STREET ADDRESS 5550 PALAMOUNTAIN RD.
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE MR. ☐ Delete
NAME MORALES, MAX V
STREET ADDRESS 5550 PALAMOUNTAIN RD.
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MRS. ☒ Change ☐ Addition
NAME IRMA CORTES P
STREET ADDRESS 4178 LAKE TAHOE CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE MR. ☒ Change ☐ Addition
NAME MAX A. MORALES V
STREET ADDRESS 4178 LAKE TAHOE CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

IRMA CORTES (P)

4/28/04

561-

856-4783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #