

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-26-2004 90002 027 \*\*\*150.00

**DOCUMENT # P02000100494**

1.. Entity Name

**OH SHINING ! CLEANING SERVICE CORP.**



Principal Place of Business

**5447 VINELAND RD  
1108  
ORLANDO FL 32811**

Mailing Address

**5447 VINELAND RD  
1108  
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3713679**

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

**SANCHEZ, DANIEL  
5447 VINELAND RD  
1108  
ORLANDO FL 32811**

Name

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

City

**FL**

Zip Code

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]*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete  
NAME **SANCHEZ, DANIEL**  
STREET ADDRESS **5447 VINELAND RD**  
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **VP** ☐ Delete  
NAME **LEON, IVONNE**  
STREET ADDRESS **5447 VINELAND RD # 1108**  
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 line empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/04**

Date

**4072301867**

Daytime Phone #

Attachment  
Dr. # 02000100494  
54055624

OH SHINING! CLEANING SERVICE CORP.  
5447 VINELAND RD SUITE 1108  
ORLANDO FL. 32811  
PHONE: 407-2301867/407-9965274  
Licensed and insured

Orlando 5/18/04

Division of Corporations  
Annual Report Section  
P.O Box 6850  
Tallahassee FL 32314

Dear Sir,

We apologize for sending this fee late, please forgive us for this mistake for not sending this check on time because we misplaced the report, we are a small company and we don't have Internet access.

Thanks for your understanding.

Best regards

  
Daniel Sanchez