

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109588

FILED
Apr 21, 2006
Secretary of State

Entity Name: YOUR HOME CLEANING SERVICE, INC.

Current Principal Place of Business:

619 BANKS RD
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

619 BANKS RD
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 06-1686991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UGARTE, ISABEL C P
619 BANKS ROAD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

PEREZ, ISABEL C P
619 BANKS ROAD
MARGATE, FL 33063 US

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.

SIGNATURE: ISABEL C. PEREZ

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UGARTE, ISABEL
Address: 619 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Delete
Name: PEREZ, JOSEPH
Address: 619 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, ISABEL C
Address: 619 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL C. PEREZ

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date