2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Ant with an address, with all other like empowered

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P03000001864 1. Entity Name 04-14-2004 90048 026 ***150.00 STEVEN J. SANCHEZ CLEANING SERVICE, INC. Mailing Address Principal Place of Business 28100 DOVEWOOD COURT UNIT 207 BONITA SPRINGS FL 34135 28100 DOVEWOOD COURT UNIT 207 **C4U4AAAA BONITA SPRINGS FL 34135** 761 Lake tmella Na CR2E034 (11/03) 4:=EEI:Number 57-114427 Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DPT TITLE TITLE ☐ Delete SANCHEZ, STEVEN J NAME 25761 Lake Amelia Way, Unit 202 NAME STREET ADDRESS 28100 DOVEWOOD COURT UNIT 207 STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE 25761 Lake Amelia Way, Unit 202 SANCHEZ, KATHLEEN NAME STREET ADDRESS 28100 DOVEWOOD COURT UNIT 207 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME ----NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED