2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

1. Entity Name STEVEN J. SANCHEZ CLEANING SERVICE, INC.						03-13-2006	6 90051 035 ***1	50.00
Principal Place of Business 25761 LAKE AMELIA WAY UNIT 202 BONITA SPRINGS, FL 34135		Mailing Address 25761 LAKE AMELIA WAY UNIT 202 BONITA SPRINGS, FL 34135				 	711 - 1 118 - 111 1 - 111 1 - 111 1 - 111 1	18/14) (1 18 1)
2. Principal Place of Business 26279 Tenna Way		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072006	Chg-P	CR2E034 (11/05))
Bonita Springs F		City & State			4. FEI Numbi 57-114		N	pplied For lot Applicable
Zip 34135 Country Lee		Zip Country		ry	5. Certificate	of Status Desired	S8.75 Ad Fee Requir	
	6. Name and Address of Current	Name / La	7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
1840 SW 2 4TH FLOO		Street whole		Street Andress	79 Jev	er is Not Acceptable CV名 仏仏	<u> </u>	
MIAMI, FL 33145							<i>'</i>	
,				City Bov	ilta Spr	1795	FL ZoCo	3 5
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 STORM J. Sanchez 3-/0-06,								
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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE NAME	DPT SANCHEZ, STEVEN J	☐ Delete	TITLE	1	176 TA	nevaWa	₽ Change	Addition
STREET ADDRESS CITY-ST-ZIP	25761 LAKE AMELIA WAY, UNIT BONITA SPRINGS, FL 34135	202		T ADDINESS)	,	orings fr		
TITLE	DVS	☐ Delete	. TITLE		341. 100 -24	41193 1 C	(I) Change	Addition
name Street address	SANCHÉZ, KATHLEEN 25761 LAKE AMELIA WAY, UNIT	202	NAME STREE	ET ADDRESS 28	279 Je	neva Wo		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				onita Si	prings f	-C 34135	
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TITLE NAME	•	∟ Delete	TITLE	!			☐ crange	☐ Addition
STREET ADORESS CITY-ST-ZIP			1	ET ADDRESS ST-ZIP				
12. I hereby o	l certify that the information supplied with	this filing does not qualify for	r the exe	emptions containe	ed 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 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: SHOWN - SHOWN J - SUNCHEZ 3-10-06 405-0725 BY MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat								