


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009203					
1. Entity Name SPARKLE CLEANING AND MAINTENANCE SERVICES, INC.					
Principal Place of Business 1006 SW 43RD AVE MIAMI, FL 33134			Mailing Address 1006 SW 43RD MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0015774	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RONDON-LASSEN, LUISA 1006 SW 43RD AVE MIAMI, FL 33134			7. Name and Address of New Registered Agent 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: <u><i>Luisa Rondon Lassen</i></u> (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PCEO PEREZ, ARELIS 1006 SW 43RD AVE MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RONDON-LASSEN, LUISA 1006 SW 43RD AVE MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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: <u><i>Luisa Rondon Lassen</i></u> 08/21/08 (203) 967-2145					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07172008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 200134019042
 08/26/08--01011--007 **150.00



July 29, 2008

Mrs. Tina D Cauley
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Sparkle Cleaning and Maintenance Services, Inc.
Ref. Number:P03000009203

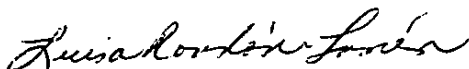
Dear Mrs. Cauley:

As we had spoken on the phone we never received the annual report notice, we got a dissolve notice, so we contacted the Division of Corporation and informed that and the person who took care of our call agreed to send us a letter but we never got it, so we decided to mail the check.

Using this mode and taking into consideration that the lateness was involuntary we ask you to please waive the \$400.00 of late fee. We are enclosing the check for \$150.00

Thank you for the time you have taken in talking to us on the phone and in giving us some guidance.

Sincerely,


Luisa Rondon-Lassen