## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000013274 Apr 24, 2006 08:00 AN Secretary of State KYARA STAR CLEANING, INC. Principal Place of Business Mailing Address 559 FORT SMITH BOULVARD 559 FORT SMITH BOULVARD DELTONA, FL 32738 DELTONA, FL 32738 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2194740 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOZANO, LUZ M DO NOT WRITE 559 FORT SMITH BOULVARD DELTONA, FL 32738 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS VΡ TITLE REMIREZ, LUIS A NAME 559 FORT SMITH BOULVARD STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 PSTD 05/05/06-80107-002 150.00 NAME LOZANO, LUZ STREET ADDRESS 559 FT SMITH BLVD CITY - ST - ZIP DELTONA, FL 32738 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment wi

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

an address, with all other like empowered,

4-18-06

Daytime Phone if

**FILED**