2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000052690  1. Entity Name  LOREN CLEANING SERVICES, INC.					Secretary of State				
Principal Place	e of Business	Mailing Address							
900 NE 48 ST LOT 50		900 NE 48 ST LOT 50							
POMPANO BEACH FL 33064		POMPANO BEACH FL 33064							
				* <u> </u>					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE				
City & State		City & State			4. FEI Numb	72-156367	3		olied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5 Additequired	lional
	6. Name and Address of Currer	t Registered Agent			7. Name and	d Address of New F	legistered Agent		
				Name					
900	VELL, LORENZA NE 48 ST LOT 50 MPANO BEACH FL 33064		Street Address		(P.O. Box Numb	oer is Not Acceptable	e)		
		,		City		<u> </u>	FL Z	p Code	<del></del> :
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing is	ts register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am familia	r with, a	and accept
SIGNATURE.	Signature, woed or printed name of registered age	et and title d'analicable (NC	TF Bagisters	d Agent signature require	in in the second of the second	·	DATE		<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Cor		•	00 May Be d to Fees
10,	The second secon	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRE	CTORS	IN 11
TITLE	PVST			£	- · · -			Addition	
NAME	NEWELL, LORENZA	·		£	U00000315790 04/19/05-80048-025 150.00		n		
STREET ADDRESS City-St-zip	900 NE 48 ST LOT 50 POMPANO BEACH FL 33064			FFT ADDRESS -SI+ZIP	37/13/03 00010 023/13/		JU.U	J. UU	
HIFF	☐ Delete		IIIL	E E		<u> </u>		hange	Addition
NAME	ramenta de la companya del companya de la companya del companya de la companya de		NAM	Ì					
SIBLET ADDRESS CITY-SI-ZIP				EET ADDRESS / '- ST- ZIP					
TITLE		Delete	lift	<del></del>				hange	Addition
NAME		Dejete	NAN	<b>I</b>				•-	
STREET ADDRESS		<del>and the second </del>		EFF ADORESS		· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
C(TY-ST-Z)P		<del></del>		/-ST.ZIP		·			
TITLE NAME		☐ Delete	III. NAN					Change	Addition
STHEET ADDRESS				ELI ADDRESS					
CITY-ST-ZIP		<b>.</b> .	City	7-51-ZIP					
TITLE		☐ Delete	THI.	E				Change	Addition
NAME	and the state of t		NA!	į					
STREET ADORESS City-St-Zip				EET ADDRESS 7 - ST - ZIP					
tifle	<u> </u>	Delete	1111					Change	Addition
NAME		THE DELETE	IVAN						
STREET ADDRESS			SFR	EE1 ADDRESS					
CIFY-ST-ZIP				Y-ST-ZIF					
12. I bereby	certify that the information supplied w	ith this filing does not qualify	tor the exe	emption stated in S	ection 119.07(3	r)(i), Florida Statutes,	, crustner certify th	at the ir	normation

Thereby below that the information supplied with this limit does not qualify on the exemption stated in Section 1990 (3)(), Florida Statutes, (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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR