

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90426 029 ***150.00

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04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000059489			
1. Entity Name TITO FRANK CLEANING SERVICES CORPORATION			
Principal Place of Business 6041 72ND ASTE A PINELLAS PARK, FL 33781		Mailing Address 6041 72ND ASTE A PINELLAS PARK, FL 33781	
2. Principal Place of Business 6041 72nd. AVE.		3. Mailing Address 6041 72ND. AVE.	
Suite, Apt. #, etc. APT. A.		Suite, Apt. #, etc. APT. A	
City & State PINELLAS PARK FL.		City & State PINELLAS PARK FL.	
Zip 33781	Country PINELLAS	Zip 33781	Country PINELLAS
4. FEI Number 57-1172638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APOSTOL, ESMERALDO M 7227 7TH AVE N ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name APOSTOL, ESMERALDO M. Street Address (P.O. Box Number is Not Acceptable) 6041, 72nd AVE. City PINELLAS PARK FL Zip Code 33781	
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, the registered agent. SIGNATURE E. M. A. DATE 04-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	D APOSTOL, ESMERALDO M 7227 7TH AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOSTOL, ESMERALDO M. 6041 72nd. AVE. N. PINELLAS PARK FL. 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: E. M. A.		DATE 04-28-06 (727) 541-2647	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	