

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 043 ***150.00

DOCUMENT # P03000087785

1. Entity Name
LPC CLEANING SERVICE, INC.



Principal Place of Business

**403 NW 68TH AVE #205
PLANTATION, FL 33317**

Mailing Address

**403 NW 68TH AVE #205
PLANTATION, FL 33317**

2. Principal Place of Business

404 NW 68TH AVE

Suite, Apt. #, etc.

401

3. Mailing Address

404 NW 68TH AVE

Suite, Apt. #, etc.

401

City & State

PORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33317

Country

EEUU

Zip

33317

Country

EEUU

03202006

Chg-P

CR2E034 (11/05)

4. FEI Number

06-1705018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUNA, LUIS P
403 NW 68TH AVE #205
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name

LUIS P. CUNA

Street Address (P.O. Box Number is Not Acceptable)

404 NW 68 AVE # 401

City

FORT LAUDERDALE

FL

Zip Code

33317

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

X 3-23-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CUNA, LUIS P**
STREET ADDRESS **403 NW 68TH AVE #205**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CUNA, LUIS P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **404 NW 68TH AVE # 401**
CITY-ST-ZIP **FORT LAUDERDALE, FL, 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3-23-06

954-554-8098