## 2007 FOR PROEIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2007 08:00 AN Secretary of State

ANNUAL REPORT				Aug 02, 2007 08:00 Secretary of Sta			
1. Entity Name	MENT # P03000128 Essure cleaning & Pai			2	secretary of S	)ta	
Principal Place 8205 NW 92 TAMARAC, FL	AVE	Mailing Address 8205 NW 92 AVE TAMARAC, FL 33321					
D	O NOT WRITE		CE	07302007 4. FEI Numb 20-038	No Chg-P	CR2E034 (11/05)  Applied Fo Not Applied  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LASSO, ADOLFO 8205 NW 92 AVE TAMARAC, FL 33321			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for ions of registered agent Signature typed or printed name of registered agent		ed affice or registe od Agentsignature require		th, in the State of Flo	xida. I am familiar with, and acc	ept
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. INTLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND P LASSO, ADOLFO 8205 NW 92 AVE TAMARAC, FL 33321	DIRECTORS			110000	7771 2 2 7	<del></del>
NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP		· <u>··········</u>		DO	08/02/07-	7771227 -80003-013 150.00 <b>/RITE</b>	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE				IN '	THIS SF	PACE	

12. It hereby certify that the information supplied with this-filling 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 true-receiver or trustee empowered to execute this report as required by Chapter 807, 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:

STREET ADDRESS

GNATURE ME LEFEU OF RINTED NAME OF SIGNING OFFICER OR DIRECTO

7/30/07 954 4/0-7352

Daytime Phone #