

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000136959

1. Entity Name
ORION PROFESSIONAL CLEANING SERVICES, CORP.



Principal Place of Business
**700 LOCK RD
APT 51
DEERFIELD BCH, FL 33442**

Mailing Address
**700 LOCK RD
APT 51
DEERFIELD BCH, FL 33442**



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0412863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEL CARMEN ROCCA, ROCIO
700 LOCK RD
APT 51
DEERFIELD BCH, FL 33442**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	DEL CARMEN ROCCA, ROCIO
STREET ADDRESS	700 LOCK RD APT 51
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	T
NAME	DEL CARMEN ROCCA, ROCIO
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TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

U00000760342
05/25/07-80007-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rocio Rocca 4/26/07 954297-9639