


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P03000136971</b><br>1. Entity Name<br>CONFIDENCE CLEANING, CORP. |  |
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| Principal Place of Business<br>2518 WOOD OAK DRIVE<br>SARASOTA, FL 34232 | Mailing Address<br>2518 WOOD OAK DRIVE<br>SARASOTA, FL 34232 |
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01212008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number<br>20-0415619                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>DE OLIVEIRA, CARLOS A<br>2518 WOOD OAK DRIVE<br>SARASOTA, FL 34232 |
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| 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.<br><br>SIGNATURE <u>CARLOS ANGELO DE OLIVEIRA</u> President<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE<br>02/20/08 |
|--|------------------|

|   |   |                           |
|---|---|---------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 02/20/08-80048-016 150.00 |
|---|---|---------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>DE OLIVEIRA, CARLOS ANGELO<br>2518 WOOD OAK DRIVE<br>SARASOTA, FL 34232 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DE OLIVEIRA, MARIA DAS G<br>2518 WOOD OAK DRIVE<br>SARASOTA, FL 34232    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: <u>CARLOS ANGELO DE OLIVEIRA</u> 02/05/08 941 812 0499<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |