


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 028 ***150.00

DOCUMENT # P04000012795		
1. Entity Name EAST SERVICE CLEANING INC.		

Principal Place of Business 1139 W. RUBY ST LAKELAND, FL 33815 US	Mailing Address 1139 W. RUBY ST LAKELAND, FL 33815 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07162008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0625458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLANO, ISABEL J 1139 W. RUBY ST LAKELAND, FL 33815	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing 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. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLANO, ISABEL J 1139 W. RUBY ST LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOLE L. BORDALLO <input type="checkbox"/> Change <input type="checkbox"/> Addition 1139 W. RUBY ST. LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLANO, ISABEL 1139 W. RUBY ST LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J ISABEL SOLANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1139 W. RUBY ST LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLANO, MARCOS 1139 W. RUBY ST LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S J ISABEL SOLANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1139 W. RUBY ST. LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLANO, ISABEL J 1139 W. RUBY ST LAKELAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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

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:

Nicole L. Bordallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/08
Date

Daytime Phone #