

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

01-18-2005 90059 042 ***150.00

DOCUMENT # P04000014892 1. Entity Name NINA'S AMAZING CLEANING, INC.					
Principal Place of Business 818 THOMAS ST. KEY WEST, FL 33040 US			Mailing Address 818 THOMAS ST. KEY WEST, FL 33040 US		
2. Principal Place of Business 818 THOMAS ST Suite, Apt. #, etc.		3. Mailing Address 818 THOMAS ST Suite, Apt. #, etc.			
City & State KEY WEST FL		City & State KEY WEST FL		4. FEI Number 550857278	
Zip 33040		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVANEY, NINA J MRS 818 THOMAS ST KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NINA J. DEVANEY 818 THOMAS ST. KEY WEST FL 33040		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Nina J. Devaney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JAN-11-05 305-587-8931 Date Daytime Phone #		

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