## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027567

**Entity Name: CARMEN CLEANING CORPORATION** 

FILED Apr 04, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1115 TURTLE CREEK DRIVE 2686 FOUNTIAN VIEW CIRCLE

APT. #422 UNIT 108

NAPLES, FL 34110 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

1115 TURTLE CREEK DRIVE 2686 FOUNTIAN VIEW CIRCLE

APT. #422 UNIT 108

NAPLES, FL 34110 NAPLES, FL 34109

FEI Number: 77-0632989 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, ARSENIO

1115 TURTLE CREEK DRIVE

APT. #422

GONZALEZ, ARSENIO

2686 FOUNTIAN VIEW CIRCLE

UNIT 108

NAPLES, FL 34110 US

NAPLES, FL 34109 US

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.

SIGNATURE: ARSENIO GONZALEZ 04/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: PTD (X) Change ( ) Addition

Name: GONZALEZ, ARSENIO Name: WOMBLE, NORMA

Address: 1115 TURTLE CREEK DRIVE APT. 422 Address: 2686 FOUNTIAN VIEW CIRCLE UNT 108

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34109

Title: SVD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WOMBLE, NORMA
 Name:

 Address:
 1115 TURTLE CREEK DRIVE APT. 422
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA WOMBLE PTD 04/04/2005