

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027567

FILED
Apr 12, 2007
Secretary of State

Entity Name: CARMEN CLEANING CORPORATION

Current Principal Place of Business:

2686 FOUNTIAN VIEW CIRCLE
UNIT 108
NAPLES, FL 34109

New Principal Place of Business:

193 JHONNY CAKE DR
NAPLES, FL 34110

Current Mailing Address:

2686 FOUNTIAN VIEW CIRCLE
UNIT 108
NAPLES, FL 34109

New Mailing Address:

193 JHONNY CAKE DR
NAPLES, FL 34110

FEI Number: 77-0632989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ARSENIO
2686 FOUNTIAN VIEW CIRCLE
UNIT 108
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

OSPINA, NELLY
193 JHONNY CAKE DR
NAPLES, FL 34110 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: NELLY OSPINA

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WOMBLE, NORMA
Address: 2686 FOUNTIAN VIEW CIRCLE UNT 108
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: GONZALEZ, ARSENIO
Address: 2686 FOUNTIAN VIEW CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSPINA, NELLY
Address: 193 JHONNY CAKE DR
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Change () Addition
Name: GONZALEZ, ARSENIO
Address: 193 JHONNY CAKE DR
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NELLY OSPINA

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date