

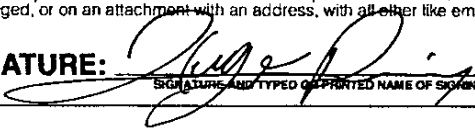


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 034 ***150.00

DOCUMENT # P04000049319 1. Entity Name HUGO RAMIREZ CLEANING, INC.					
Principal Place of Business 4604 NORMANDY DR APT A NAPLES, FL 34112				Mailing Address 4604 NORMANDY DR APT A NAPLES, FL 34112	
2. Principal Place of Business 6290 Cedar Tree Lane		3. Mailing Address 6290 Cedar Tree Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Naples FL		City & State Naples FL			
Zip 34116		Country USA		4. FEI Number 20-0895435	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SCHARLACKEN, JOHN W ESQ. LAW OFFICE OF JOHN W. SCHARLACKEN, P.A. 8142 LOWBANK DR NAPLES, FL 34109		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D RAMIREZ, HUGO 4604 NORMANDY DR APT A NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: 		4/11/05 239 821 2225			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			