

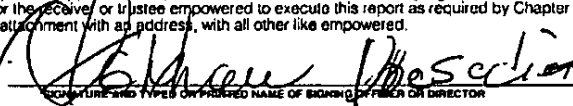
2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/25/2005-90003-014-\$150.00-\$150.00

FILED

05 OCT 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058666			
1. Entity Name ONE STOP CLEANING INC.			
Principal Place of Business 8315 LEXINGTON VIEW LN ORLANDO, FL 32835		Mailing Address 8315 LEXINGTON VIEW LN ORLANDO, FL 32835	
2. Principal Place of Business 8315 Lexington Suite, Apt. #, etc. View have City & State Orlando FL Zip 32835 Country Greece		3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country	
4. FEI Number 14-1892181		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORESHAW, ORVILLE 8315 LEXINGTON VIEW LN ORLANDO, FL 32835		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 reissuing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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 D FORESHAW, ORVILLE 8315 LEXINGTON VIEW LN ORLANDO, FL 32835 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/18/05 Device Phone # 407 202 5700	



07182005 Chg-P CR2E034 (10/03)

REINSTATEMENT

7/10/18