## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000059226

Entity Name: SHINY PROFESSIONAL CLEANING, INC

FILED May 04, 2005 Secretary of State

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

5166 MILLENIA BLVD 5174 MILLENIA BLVD

307 102

ORLANDO, FL 32839 US ORLANDO, FL 32839 US

Current Mailing Address: New Mailing Address:

P.O BOX 690763

ORLANDO, FL 32869 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEAL, MARCUS P

5166 MILLENIA BLVD

307

OPLIANDO EL 32830 LIS

DE SANTANA, NIDELCY

5174 MILLENIA BLVD

102

OPLIANDO EL 32830 LIS

ORLANDO, FL 32839 US ORLANDO, FL 32839 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: NIDELCY DE SANTANA 05/04/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition LEAL, MARCUS P DE SANTANA, NILDECY B Name: Name: 5166 MILLENIA BLVD APT 307 5174 MILLENIA BLVD APT 102 Address: Address: City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: ORLANDO, FL 32839 US

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

 Name:
 DE SANTANA, NILDECY B
 Name:

 Address:
 5166 MILLENIA BLVD APT 307
 Address:

 City-St-Zip:
 ORLANDO, FL 32839 US
 City-St-Zip:

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

 Name:
 MORAIS, CRISTIANE P
 Name:

 Address:
 5166 MILLENAI BLVD APT 307
 Address:

 City-St-Zip:
 ORLANDO, FL 32839 US
 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: NILDECY DE SANTANA DP 05/04/2005