


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90032 048 \*\*\*150.00

**DOCUMENT # P04000060618**

1. Entity Name  
**LH CLEANING SERVICES AND MORE, CORP.**



Principal Place of Business  
**132 43 SW 86 STREET**  
**MIAMI, FL 33183**

Mailing Address  
**132 43 SW 86 STREET**  
**MIAMI, FL 33183**

2. Principal Place of Business  
**7403 SW 152 Av. #108**  
 Suite, Apt. #, etc.  
**APT 108**

3. Mailing Address  
**7403 SW 152 Avenue**  
 Suite, Apt. #, etc.  
**APT 108**

City & State  
**Miami, FL**

City & State  
**Miami, FL**


Zip  
**33193**

Country  
**USA**

Zip  
**33193**

Country  
**USA**

400-7



03212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**DUGUE, GUSTAVO A**  
**132 43 SW 86 BST**  
**MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name  
**DUQUE GUSTAVO A**

Street Address (P.O. Box Number is Not Acceptable)  
**7403 SW 152 Avenue Apt 108**

City  
**Miami**

FL Zip Code  
**33193**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

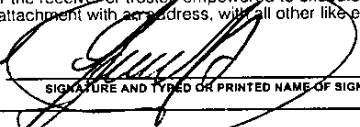
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEVARA, LOLA	
STREET ADDRESS	132 43 SW 86 BST	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUGUE, GUSTAVO A	
STREET ADDRESS	15348 SW 72 ST #23	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **03/20/06** Daytime Phone # \_\_\_\_\_