

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2006 8:00 am
Secretary of State

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000077787 1. Entity Name E & L PROFESSIONAL CLEANING, INC.					
Principal Place of Business 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743			Mailing Address 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1631103 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, ELVYS L 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743			Name CRUZ, LAURA T. Street Address (P.O. Box Number is Not Acceptable) 2876 PAYNES PRAIRIE CIR City KISSIMMEE FL Zip Code 34743		
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 <u><i>Laura Cruz</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>LAURA T. CRUZ</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		<u>01/12/2006</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, ELVYS L		NAME		
STREET ADDRESS	2876 PAYNES PRAIRIE CIR		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL 34743		CITY - ST - ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, LAURA T		NAME	CRUZ, LAURA T	
STREET ADDRESS	2876 PAYNES PRAIRIE CIR		STREET ADDRESS	2876 PAYNES PRAIRIE CIRCLE	
CITY - ST - ZIP	KISSIMMEE, FL 34743		CITY - ST - ZIP	KISSIMMEE, FL 34743	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>Laura Cruz</i></u>		<u>LAURA T. CRUZ</u> <u>01/12/2006</u> <u>407-870-0505</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			