


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90011 028 \*\*\*150.00

<b>DOCUMENT # P04000077787</b>	
1. Entity Name <b>E &amp; L PROFESSIONAL CLEANING, INC.</b>	

Principal Place of Business <b>2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743</b>	Mailing Address <b>2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743</b>
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2. Principal Place of Business - No P.O. Box # <b>1201 E. DONEGAN AVE.</b>	3. Mailing Address <b>1201 E. DONEGAN AVE</b>
Suite, Apt. #, etc. <b>SUITE 1201</b>	Suite, Apt. #, etc. <b>SUITE 1201</b>
City & State <b>KISSIMMEE, FL</b>	City & State <b>KISSIMMEE, FL</b>
Zip <b>34744-1948</b>	Country <b>U.S.A.</b>

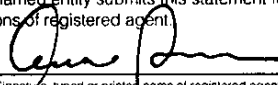
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02272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>CRUZ, LAURA T 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>ANA J. SAVINON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2835 FLAMBOYAN STREET</b> City <b>KISSIMMEE</b> FL Zip Code <b>34744-3824</b>	
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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  **ANA J. SAVINON, PRESIDENT** 03/05/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, ELVYS L <input checked="" type="checkbox"/> Delete 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRUZ, LAURA T <input checked="" type="checkbox"/> Delete 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P ANA J. SAVINON 2835 FLAMBOYAN STREET KISSIMMEE, FL 34744-3824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V FIDEL HERNANDEZ 11916 HATCHER CIRCLE ORLANDO, FL 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S LEOPOLDO E. REYES GOMEZ 2706 LUCAS LAKE ESTATE KISSIMMEE, FL 34744-5404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T PELEGRIN A. BORI 8203 DIAMOND COVE CIRCLE ORLANDO, FL 32836</b>

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:  **ANA J. SAVINON** 03/05/2007 407-870-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #