


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90055 047 ***150.00

DOCUMENT # P04000079884 1. Entity Name QUEEN OF THE CLEANING BY MARIA CORP.			
Principal Place of Business 5595 N.RIVER ROAD ALVA, FL 33920		Mailing Address 5595 N. RIVER ROAD ALVA, FL 33920	
2. Principal Place of Business 2341 Leavitt Rd Suite, Apt. #, etc.		3. Mailing Address 2341 Leavitt Rd Suite, Apt. #, etc.	
City & State Alva FL		City & State Alva FL	
Zip 33920	Country	Zip 33920	Country
6. Name and Address of Current Registered Agent VESPASIANO, MARIA Y 5595 N. RIVER ROAD ALVA, FL 33920		7. Name and Address of New Registered Agent Name Vespasiano Maria Y. Street Address (P.O. Box Number is Not Acceptable) 2341 Leavitt Rd City Alva FL Zip Code 33920	
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: <i>Maria Y Vespasiano</i> <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> 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	P <input type="checkbox"/> Delete VESPASIANO, MARIA Y 5595 N. RIVER ROAD ALVA, FL 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VESPASIANO MARIA Y 2341 Leavitt Rd Alva, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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 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 type="checkbox"/> Addition
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: <i>Maria Y Vespasiano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (239) 728-3380 <small>Daytime Phone #</small>	

50063104



07202005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1191977** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required