## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P04000079884  1. Entity Name QUEEN OF THE CLEANING BY MARIA CORP.							04-23-2007	90285 0	37 ***15	50.00	
Principal Place of Business 2341 LEAVITT RD ALVA, FL 33920			23	ling Address 41 LEAVITT RD VA, FL 33920		-	### ## <b>#</b> ##############################	)! <b>64</b> ()) 1 <b>28(6</b> (8	181 18181 1 <b>9</b> 14 815	<b>IIII</b> I 11 ( <b>II</b> I)	
2. Principal Place of Business - No P.O. Box #			3. N	3. Mailing Address							
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			03122007	Chg-P	CR2E0	34 (12/06)	
City & State			С	City & State			4. FEI Number 20-1151	977		_ <del>                                    </del>	oplied For of Applicable
Zip Country			Zip Country		itry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
VESPASIANO, MARIA Y							P.O. Box Number	is Not Assentable			
2341 LEAVITT RD ALVA, FL 33920						Street Address (	T.O. BOX Number	is Not Acceptable	=)		_
						City				Zip Code	
The above named entity submits this statement for the purpose of changing its register					rogietor	'	rad agent or both	in the State of Ele	FL.	·   `	
the obligat	ions of regis	tered agent.	ioi ine pu	ipose of changing its	register	ed office of register	red agent, or both	, in the state of Fic	onua. Tann	idsiiiidr Wilti,	ано ассерт
SIGNATURE	Signature, typed	i or printed name of registered age	ent and little if	applicable. (NOT	E Registere	d Agent signature required	d when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550	0.00	9. Election Campa Trust Fund Conf	ign Finar		.00 May Be led to Fees				
After M	ay 1, 200			9. Election Campa Trust Fund Cont	ign Finar	Ādo	.00 May Be led to Fees	HANGES TO OFF	ICERS AND		
After M	ay 1, 200	7 Fee will be \$550		9. Election Campa Trust Fund Cont	ign Finar	Ādo	.00 May Be led to Fees	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
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12. Thereby certify that the information supplied with this filling 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:

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DL/- 15-07 239-728-338

Daylime Phone #