

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90106 035 \*\*\*150.00

DOCUMENT # P04000097108

1. Entity Name  
 PINK DOLPHIN CLEANING CORP.



Principal Place of Business  
 1174 SW IRVING ST.  
 PORT ST. LUCIE, FL 34983

Mailing Address  
 1174 SW IRVING ST.  
 PORT ST. LUCIE, FL 34983

*60022640*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

84-1651742

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERA, WILSON R  
 1903 HOLLYHOCK ROAD  
 WELLINGTON, FL 33414

Name *Carrera Wilson R*

Street Address (P.O. Box Number is Not Acceptable)

*1174 South West Irving St*

City *Port St Lucie*

FL

Zip Code *34983*

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3.04.06*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  Delete  
 NAME CARRERA, WILSON R  
 STREET ADDRESS 1903 HOLLYHOCK ROAD  
 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE PS  Change  Addition  
 NAME *Carrera Wilson R*  
 STREET ADDRESS *1174 South West Irving St*  
 CITY-ST-ZIP *Port Saint Lucie FL 34983*

TITLE VPT  Delete  
 NAME CARRERA, CONCEPCION S  
 STREET ADDRESS 1903 HOLLYHOCK ROAD  
 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VPT  Change  Addition  
 NAME *Carrera Concepcion S*  
 STREET ADDRESS *1174 South West Irving St*  
 CITY-ST-ZIP *Port St Lucie FL 34983*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3.04.06*

*561.951.7743*

Date

Daytime Phone #