


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 84-1651742 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CARRERA, WILSON R
1174 SOUTH WEST IRVING ST
PORT SAINT LUCIE, FL 34983**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS CARRERA, WILSON R 1174 SOUTH WEST IRVING ST PORT SAINT LUCIE, FL 34983 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT CARRERA, CONCEPCION S 1174 SOUTH WEST IRVING ST PORT SAINT LUCIE, FL 34983 |
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U00000731014
01/23/08-80057-008-150-00

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: _____ *W. Carrera* **01. 21. 08** **561.957.7748**

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