


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000103876 1. Entity Name SPROUT CLEANING SPECIALISTS CORP.	
--	---

Principal Place of Business P.O. BOX 690201 ORLANDO FL 32869 US	Mailing Address P.O. BOX 690201 ORLANDO FL 32869 US
---	---

DO NOT WRITE IN THIS SPACE



04082007 No Chg-P CR2E034 (11/05)

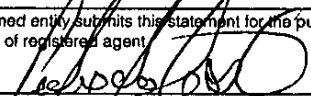
4. FEI Number 20-2095016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COSTA, PEDRO
2680 MONTEGO BAY BLVD
KISSIMMEE, FL 34746**

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:  **4-9-07**
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

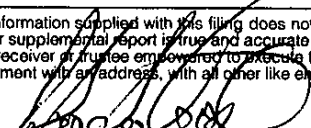
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTA, PEDRO 2680 MONTEGO BAY BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RODRIGUEZ COSTA, SEBASTIANA M 2680 MONTEGO BAY BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ COSTA, FELIPE 2680 MONTEGO BAY BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES RODRIGUEZ DA COSTA, PEDRO 2680 MONTEGO BAY BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000705554
04/23/07-80055-037 150.00

U00000705554
04/23/07-80055-038 8.75

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:  **4-9-07 - 407 396 6488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #