

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000121250

1. Entity Name
MARIA'S PERSONAL TOUCH CLEANING, INC



Principal Place of Business
**520 NEW LAKE DRIVE
BOYNTON BEACH, FL 33426 US**

Mailing Address
**520 NEW LAKE DRIVE
BOYNTON BEACH, FL 33426 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0101407	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

**GONZALES, MARIA D
520 NEW LAKE DRIVE
BOYNTON BEACH, FL 33426**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-23-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P GONZALES, MARIA D 520 NEW LAKE DRIVE BOYNTON BEACH, FL 33426
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06/04/07-80004-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-23-2004