

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128074

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: AMAROSSI CLEANING SERVICE INC.

## Current Principal Place of Business:

834 PINE FOREST TR. W.  
PORT ORANGE, FL 32127 US

## New Principal Place of Business:

## Current Mailing Address:

834 PINE FOREST TR. W.  
PORT ORANGE, FL 32127 US

## New Mailing Address:

FEI Number: 73-1717576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALDONADO, MITZY  
834 PINE FOREST TR. W.  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MALDONADO, MITZY  
Address: 834 PINE FOREST TR. W.  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP ( ) Delete  
Name: MALDONADO, HECTOR  
Address: 834 PINE FOREST TR.W.  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S ( ) Delete  
Name: MITZY, MALDONADO  
Address: 834 PINE FOREST TR. W.  
City-St-Zip: PORT ORANGE, FL 32127 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITZY MALDONADO

OWNE

04/21/2007

Electronic Signature of Signing Officer or Director

Date