


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90218 032 \*\*\*150.00

<b>DOCUMENT # P04000129270</b>	
1. Entity Name <b>LINA'S CLEANING, INC</b>	

Principal Place of Business <b>5440 STATE ROAD 7, 221 FORT LAUDERDALE, FL 33319 US</b>	Mailing Address <b>5440 STATE ROAD 7, 221 FORT LAUDERDALE, FL 33319 US</b>
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2. Principal Place of Business <b>P.O. BOX Suite, Apt. #, etc. 670523</b>	3. Mailing Address <b>P.O. BOX Suite, Apt. #, etc. 670523</b>
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City & State <b>CORAL SPRINGS, FL</b>	City & State <b>CORAL SPRINGS, FL</b>
Zip <b>33067</b>	Country <b>USA</b>
Zip <b>33067</b>	Country <b>USA</b>

04162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1612950</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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8. Name and Address of Current Registered Agent <b>CADAGAN BUSINESS SOLUTIONS &amp; ASSOCIATES 5440 STATE ROAD 7, 221 FORT LAUDERDALE, FL 33319</b>	
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7. Name and Address of New Registered Agent Name <b>ROSSI, ZULMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3305 PINELAKE DR. W #108</b> City <b>MARGATE</b> FL Zip Code <b>33063</b>	
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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 <b>ZULMA ROSSI</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>04/23/06</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSI, ZULMA 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 670523 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSI, ZULMA 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 670523 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSSI, ZULMA 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 670523 CORAL SPRINGS, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 670523 CORAL SPRINGS, FL 33067

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.	
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SIGNATURE: <b>ZULMA ROSSI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>04/23/06</b> <small>Date</small>	DAYTIME PHONE # <b>954 5889207</b> <small>Daytime Phone #</small>
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