

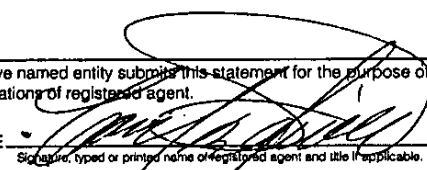
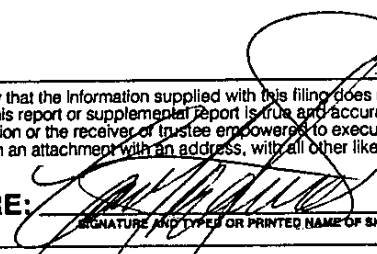


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133736 1. Entity Name YEIMY'S CLEANING SERVICES, INC.				FILED 05 OCT -4 AM 11:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5852 SUNDOWN CIRCLE #816 ORLANDO, FL 32822		Mailing Address 5852 SUNDOWN CIRCLE #816 ORLANDO, FL 32822			
2. Principal Place of Business 2511 S. Semoran Blvd.		3. Mailing Address 2511 S. Semoran Blvd.			
Suite, Apt. #, etc. 1517		Suite, Apt. #, etc. 1517			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number -41-2156756	
Zip 32822		Country 32822		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name Carlos Sanchez Street Address (P.O. Box Number Is Not Acceptable) 2511 S. Semoran Blvd. #1517 City Orlando FL Zip Code 32822	
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  DATE 9/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete SANCHEZ, CARLOS R 1921 NICOLE LEE CIRCLE #1114 APOKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sanchez, Carlos R. 2511 S. Semoran Blvd. 1517 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060203241 10/04/05--01012--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  President 9/13/05 321-287-1607 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

YEIMY'S CLEANING SERVICES, INC.

2511 S. SEMORAN BLVD. # 1517
ORLANDO, FL 32822
PHONE- 321-287-1607

September 13, 2005

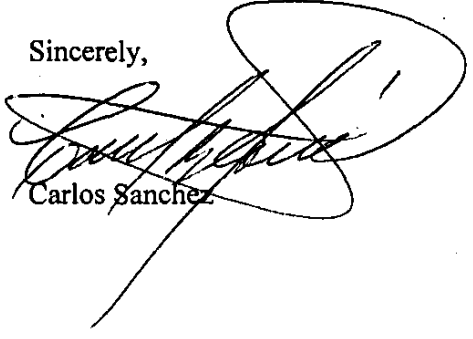
Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs;

In reference to document P04000133736, of "Yeimy's Cleaning Services, Inc.". Due to not having the correct address in file, I have not been able to receive the UBR report invoice. Please accept my report and payment for \$150.00, and waive my penalty.

Attached is my report with the new address.

Sincerely,



Carlos Sanchez