


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90161 015 ***158.75

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|---|---|---|---|--|--|
| DOCUMENT # P04000147961 1. Entity Name CLEANING & HANDYMAN SOLUTIONS INC | | | |  | |
| Principal Place of Business 10278 DORCHESTER DRIVE BOCA RATON, FL 33428 | | | Mailing Address 10278 DORCHESTER DRIVE BOCA RATON, FL 33428 | | |
| 2. Principal Place of Business - No P.O. Box # 3207 SETTLERS TRL | | 3. Mailing Address 3207 SETTLERS TRL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ST CLOUD | | City & State FLORIDA | | 4. FEI Number 59-3797064 | |
| Zip 34772 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TORRES, GLORIA 10278 DORCHESTER DRIVE BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name TORRES GLORIA Street Address (P.O. Box Number is Not Acceptable) 3207 SETTLERS TRL City ST CLOUD FL Zip Code 34772 | | | |
| 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 _____ (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TORRES, GLORIA 10278 DORCHESTER DRIVE BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JOVO, JANILO 10278 DORCHESTER DRIVE BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 recorder 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 or other like empowered. | | | | | |
| SIGNATURE: <i>Gloria Torres</i> 04/09/07 561-703-0407 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |