## 2006 FOR PROFIT CORPORATION

## May 05, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000149211 05-05-2006 90178 035 \*\*\*150.00 A+ HOUSE CLEANING, INC Principal Place of Business Mailing Address 14603, TURNING LEAF CT 14603, TURNING LEAF CT TAMPA, FL 33626 US TAMPA, FL 33626 US 2. Principal Place of Business 3. Mailing Address 14629 Mirabelle Vista Gr 14629 Mirabelle Vista Cir Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1838081 Tames Not Applicable lampa . Country Zip \$8.75 Additional 5. Certificate of Status Desired 33626 33626 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRES, ROSELI Street Address (P.O. Box Number is Not Acceptable) 14129 MIRABELLE VISTA 14603, TÜRNING LEAF CT **TAMPA, FL 33626** Zip Code TAMPA 3362し 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. TOUCES (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME TORRES, ROSELI NAME 14629 Mirabelle Vista Cir. 14603, TURNING LEAF CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-7IP Tampa, FL 33626 TITLE Change ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED