


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159549		
1. Entity Name LUCI'S BRAZILIAN CLEANING, CORP.		

Principal Place of Business 1020 CAPRI ISLES BLVD UNIT 18 VENICE, FL 34292 US	Mailing Address 1020 CAPRI ISLES BLVD UNIT 18 VENICE, FL 34292 US
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 11:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1917565	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LACEY, LUCIENE O 1020 CAPRI ISLES BLVD UNIT 18 VENICE, FL 34292	DO NOT WRITE IN THIS SPACE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D LACEY, LUCIENE O 1020 CAPRI ISLES BLVD UNIT 18 VENICE, FL 34292
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000074152010
05/08/06--01018--008 **150.00

000074152010
05/08/06--01018--009 **8.75

DO NOT WRITE
IN THIS SPACE

000074152010
05/08/06--01018--010 **5.00

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.

SIGNATURE: B. O'Brien 04.25.2006 941-586-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #