

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90241 009 \*\*\*150.00

20044192



04192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000160290</b> 1. Entity Name <b>OSTEN LOUIS CLEANING SERVICE, INC.</b>					
Principal Place of Business <b>16220 SW 280TH STREET HOMESTEAD, FL 33031</b>			Mailing Address <b>16220 SW 280TH STREET HOMESTEAD, FL 33031</b>		
2. Principal Place of Business <b>35250 SW 177 CT</b>		3. Mailing Address <b>PO BOX 344098</b>			
Suite, Apt. #, etc. <b>LOT 192</b>		Suite, Apt. #, etc.			
City & State <b>FLORIDA CITY, FL</b>		City & State <b>FLORIDA CITY, FL</b>		4. FEI Number <b>76-0772917</b>	
Zip <b>33034</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TICE, JAMES E 16220 SW 280TH STREET HOMESTEAD, FL 33031</b>		7. Name and Address of New Registered Agent Name <b>LOUIS OSTEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>35250 SW 177 CT, LOT 192</b> City <b>FLORIDA CITY</b> <b>FL</b> Zip Code <b>33034</b>			
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 <b>4/20/05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSTEN, LOUIS POST OFFICE BOX 344098 FLORIDA CITY, FL 33034		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 19.07(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:  DATE <b>4/20/05</b> DAYTIME PHONE #					