2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 AM Secretary of State

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1. Entity Name

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CRYSTAL CLEANNING SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

6693 80TH AVE N PINELLAS PARK, FL 33781 Mailing Address

6693 80TH AVE N PINELLAS PARK, FL 33781



DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-2202370 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6.	Name and	Address	of Curren	t Regis	tered	Agent

NODARSE, ISABEL C 6693 80TH AVE N PINELLAS PARK, FL 33781

6693 80TH AVE N

PINELLAS PARK, FL 33781

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the p	urpose of changing its registe	red office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.				
SIGNATURE.	(IK)				03-29-07
SIGNATURE.	Signature typind or printed name of registered agent and title if	applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE
	X				· · · · · · · · · · · · · · · · ·
FIL	E-NOW!!! FEE IS \$150.00	Election Campaign Final	ncing	\$5.00 May Be	U 0 0000710324
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution		Added to Fees	U00000710324 04/25/07-80038-025 150.00
10.	OFFICERS AND DIFFO	T000		, l	
70,	OFFICERS AND DIREC	TORS			
TITLE	P				
NAME	NODARSE, ISABEL C				
STREET ADDRESS	6693 80TH AVE N				
CITY-ST-ZIP	PINELLAS PARK, FL 33781				
TITLE	ST				
MARIE	EXPOSITO DENE A				

DO NOT WRITE IN THIS SPACE

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 of the releaser 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.

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #