


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90109 001 \*\*\*158.75

<b>DOCUMENT # P05000019289</b>	
1. Entity Name FLORIDA CLEANING PLUS, INC	

Principal Place of Business 4100 WINSTON COURT 103 KISSIMMEE, FL 34741	Mailing Address 4100 WINSTON COURT 103 KISSIMMEE, FL 34741
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50013850

2. Principal Place of Business 1141 CAMBOURNE DR. Suite, Apt. #, etc.	3. Mailing Address 1141 CAMBOURNE DR. Suite, Apt. #, etc.
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City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34758	Country U.S.



02242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent APONTE, CLAUDIA 4100 WINSTON COURT 103 KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent Name CLAUDIA APONTE Street Address (P.O. Box Number is Not Acceptable) 1141 CAMBOURNE DR. City KISSIMMEE FL 34758	
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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 X CLAUDIA N APONTE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APONTE, CLAUDIA 4100 WINSTON COURT #103 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P - APONTE, CLAUDIA 1141 CAMBOURNE DR. KISSIMMEE, FL. 34758 - 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X CLAUDIA N APONTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #