


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 031 ***150.00

DOCUMENT # P05000024880 1. Entity Name PRESTIGE CLEANING BY MONICA INC.			
Principal Place of Business 205 CALLE AMISTAD IMMOKALLEE, FL 34142		Mailing Address 205 CALLE AMISTAD IMMOKALLEE, FL 34142	
2. Principal Place of Business 2909 Blount St Suite, Apt. #, etc. Apt 13C		3. Mailing Address PO Box 1973 Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State Lehigh Acres FL	
Zip 33916		Zip 33970	
Country		Country	
4. FEI Number 20-2370105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNOZ, MONICA 205 CALLE AMISTAD IMMOKALLEE, FL 34142		7. Name and Address of New Registered Agent Name MUNOZ, Monica Street Address (P.O. Box Number is Not Acceptable) 2909 Blount St Apt 13C City Fort Myers FL Zip Code 33970	
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 <u><i>M. Munoz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/13/06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, MONICA 205 CALLE AMISTAD IMMOKALLEE, FL 34142 <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: <u><i>M. Munoz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>		Date <u>04/13/06</u> Daytime Phone # <u>239-425-5158</u>	