

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 013 ***150.00

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1. Entity Name
THE ORQUIDEA CLEANING CORP.



Principal Place of Business
7936 WEST 29TH LANE
201
HIALEAH GARDENS, FL 33018 US

Mailing Address
7936 WEST 29TH LANE
201
HIALEAH GARDENS, FL 33018 US

50023188



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number **20-2909281**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALARCON, GELMO
7936 WEST 29TH LANE
201
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALARCON, GELMO**
STREET ADDRESS **7936 WEST 29TH LANE, SUTIE 201**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *[Signature]* **Gelmo Alarcon, President** 7/17/06 (305) 819-2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #