2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90250 028 ***150.00

	ANNUAL REPURI	
DOCUMENT #	P05000088476	

CITY-ST-ZIF

1. Entity Name PAULINO RUTH CLEANING SERVICES, INC 40097004 Principal Place of Business Mailing Address 2687 STANFIELD AVE. P.O. BOX 2287 ORLANDO, FL 32814 WINTER PARK, FL 32790 2. Principal Place of Business - No P.O. Box # 3. Mailing Address L687 Stanfield Ave P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied Fo Park, FL. MINTER Orlando 1 20-1036343 Not Applic Zip Country \$8.75 Additional 5. Certificate of Status Desired *პ*გზს Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name sonzalez, T λa λt tPAULINO, RUTH F Street Address (P.O. Box Number is Not Acceptable) 2687 STANFIELD AVE. ORLANDO, FL 32814 Stanfield Ave. Orlando 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 acc the obligations of registered agent. President (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .11 11. TITLE ☑ Delete TITLE ☐ Ad Gonzalez, Ida192 NAME PAULINO, RUTH F NAME 2687 Stanfield Ave. STREET ADDRESS 2687 STANFIELD AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32814 CITY-ST-ZIP Orlando IFC. TITLE S Delete Change TITLE □ Ad NAME GONZALEZ, IDALIZ Paulino, Ruth F NAME STREET ADDRESS 2687 STANFIELD AVE. STREET ADDRESS 687 Stanfield Ave. CITY-ST-ZIP ORLANDO, FL 32814 CITY-ST-7IP 3281 VP TITLE Delete 1 TITLE ☐ Change ☐ Ad NAME GONZALEZ, ISAI NAME STREET ADDRESS 2687 STANFIELD AVE. STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32814 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS

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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP