


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000099253	
1. Entity Name NANA'S CLEANING INC	
	
Principal Place of Business 709 SW 23RD STREET CAPE CORAL, FL 33991	Mailing Address 709 SW 23RD STREET CAPE CORAL, FL 33991



07042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3151090	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

**MARIN, LUIS
709 SW 23RD STREET
CAPE CORAL, FL 33991**

**DO NOT WRITE
IN THIS SPACE**

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 (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000770453
07/25/07-80004-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P MARIN, LUIS 709 SW 23RD CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIN, PATRICIA 709 SW 23RD STREET CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIN, DIANA 709 SW 23RD CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-07

239-7729139