


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90020 047 \*\*\*150.00

<b>DOCUMENT # P05000151235</b>					
<b>1. Entity Name</b> ERIKA'S CLEANING, INC.					
<b>Principal Place of Business</b> 4656 GULFVIEW BLVD LEHIGH ACRES, FL 33971			<b>Mailing Address</b> 4656 GULFVIEW BLVD LEHIGH ACRES, FL 33971		
<b>2. Principal Place of Business - No P.O. Box #</b> 4302 5th St SW Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4302 5th St SW Suite, Apt. #, etc.			
<b>City &amp; State</b> Lehigh Acres, FL Zip 33971, Country USA		<b>City &amp; State</b> Lehigh Acres, FL Zip 33971, Country USA		<b>4. FEI Number</b> 20-3782887	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PEREZ, ERIKA R 4656 GULFVIEW BLVD LEHIGH ACRES, FL 33971			<b>7. Name and Address of New Registered Agent</b> Name <u>PEREZ, ERIKA R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4302 5TH ST SW</u> City <u>LEHIGH ACRES</u> FL <u>33971</u>		
<b>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.</b> SIGNATURE <u>Erika Perez</u> DATE <u>04/03/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ, ERIKA R 4656 GULFVIEW BLVD LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4302 5TH ST SW LEHIGH ACRES, FL 33971	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, VICENTE 4656 GULFVIEW BLVD LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4302 5TH ST SW LEHIGH ACRES, FL 33971	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Erika Perez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/03/07</u> Daytime Phone #		