

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159158

FILED
Feb 24, 2006
Secretary of State

Entity Name: ALLSTAR COMMERCIAL & RESIDENTIAL CLEANING, INC.

Current Principal Place of Business:

2818 45TH ST SW
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

406 SE 22ND TERRACE
CAPE CORAL, FL 33990 US

Current Mailing Address:

2818 45TH ST SW
LEHIGH ACRES, FL 33971 US

New Mailing Address:

406 SE 22ND TERRACE
CAPE CORAL, FL 33990 US

FEI Number: 20-3884971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA MOTA, FERNANDO
2818 45TH ST SW
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

PAULA, IVONE O
406 SE 22ND TERRACE
CAPE CORAL, FL 33990 US

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.

SIGNATURE: IVONE O PAULA

02/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: DA MOTA, FERNANDO
Address: 2818 45TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VPD () Delete
Name: DE OLIVEIRA, FLAVIA L
Address: 2818 45TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: DIR (X) Delete
Name: GRACIANO, ALESSANDRA
Address: 2818 45TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: PAULA, IVONE O
Address: 406 SE 22ND TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D (X) Change () Addition
Name: GRIGIO, ELIZETE L
Address: 8650 WESLEYAN DRIVE # 522
City-St-Zip: FORT MYERS, FL 33919 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVONE O PAULA

P

02/24/2006

Electronic Signature of Signing Officer or Director

Date