2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# P06000002328

Entity Name: ARLET'S CLEANING SERVICES, INC.

Current Principal Place of Business:

642 MCKINLEY CT
KISSIMMEE, FL 34758

New Principal Place of Business:

401 BLOOMFIELD DRIVE
KISSIMMEE, FL 34758

Current Mailing Address:

642 MCKINLEY CT
KISSIMMEE, FL 34758

New Mailing Address:

401 BLOOMFIELD DRIVE
KISSIMMEE, FL 34758

FEI Number: 20-4064808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRAL, ARLETE
642 MCKINLEY CT
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

CABRAL, ARLETE
401 BLOOMFIELD DRIVE
KISSIMMEE, FL 34758 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: ______________________________ 05/08/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CABRAL, ARLETE
Address: 642 MCKINLEY CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP ( ) Delete
Name: GOMES, ANNY
Address: 642 MCKINLEY CT
City-St-Zip: KISSIMMEE, FL 34758 US

Title: TRES ( ) Delete
Name: MONTEIRO, DJAMILA
Address: 642 MCKINLEY CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CABRAL, ARLETE
Address: 401 BLOOMFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP (X) Change ( ) Addition
Name: GOMES, ANNY
Address: 401 BLOOMFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34758 US

Title: TRES (X) Change ( ) Addition
Name: MONTEIRO, DJAMILA
Address: 401 BLOOMFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify 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: ARLETE CABRAL P 05/08/2007
Electronic Signature of Signing Officer or Director — Date