2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025091

Name:

Address:

City-St-Zip:

FILED Jan 31, 2007 Secretary of State

Entity Name: M & C SPARKLIN	IG CLEANING SERVIC	ES, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
4910 ALFRESCO STREET BOCA RATON, FL 33428				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
4910 ALFRESCO STREET BOCA RATON, FL 33428				
FEI Number: 20-4351026 FEI Nu	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current	Registered Agent:	Name and Address of	me and Address of New Registered Agent:	
LOPIS, J. CAMILA 4910 ALFRESCO STREET BOCA RATON, FL 33428 US				
The above named entity submits in the State of Florida.	this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust F	und Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D () Delete Name: LOPIS, J. CAMILA Address: 4910 ALFRESCO STREE	εT	Title: PSD (Name: LOPIS, J. CAI Address: 4910 ALFRES		

City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428 () Delete Title: (X) Change () Addition Name:

LOPIS, J. CAMILA MACHADO, MIGUEL J Name: Address: 4910 ALFRESCO STREET Address: 4910 ALFRESCO STREET BOCA RATON, FL 33428 BOCA RATON, FL 33428 City-St-Zip: City-St-Zip:

Title: () Change () Addition Title: (X) Delete

LOPIS, J. CAMILA Name: 4910 ALFRESCO STREET Address: BOCA RATON, FL 33428 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: J. CAMILA LOPIS **PSD** 01/31/2007