## **2008 FOR PROFIT CORPORATION**

## Jan 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P06000031952** 1. Entity Name **DUNA CLEANING SERVICES INC** Principal Place of Business Mailing Address 2402 SOUTH LAKE AVE 2402 SOUTH LAKE AVE SANFORD, FL 32771 SANFORD, FL 32771 CR2E034 (11/05) No Chg-P 01232008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4435311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, DULCE M 2402 SOUTH LAKE AVE SANFORD, FL 32771 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 title if applicable. 1. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!!" FEE IS \$150.00 U000000804328 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, DULCE M NAME STREET ADDRESS 2402 SOUTH LAKE AVE SANFORD, FL 32771 CITY-ST-ZIP TITLE RODRIGUEZ, DULCE M NAME STREET ADDRESS 2402 SOUTH LAKE AVE SANFORD, FL 32771 CITY-ST-ZIP TITLE RODRIGUEZ, DULCE M NAME 2402 SOUTH LAKE AVE STREET ADORESS DO NOT WRITE SANFORD, FL 32771 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Pulser	Bolwan	· nuce	RODDIGUEZ ALES	01-23-08	321-662-319
	SIGNATURE AN	DYTYPED OR PRINTERY	AME OF SIGNING OFFICER OR DIRECTOR	Date	•	Daytime Phone #