## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Wiai 51, 2000 00			
DOCU	MENT # P060000329				Secretar	y of S	
	LAUREN'S CLEANING SER	VICE, INC.					
Principal Plac	e of Business	Mailing Address		1			
	H AVE #103	7532 W 20TH AVE #103					
HIALEAH, FL	. 33016	HIALEAH, FL 33016				•	
		, ,					
90 . V	at the state of th		to the				
	O NOT WRITE	IN THIS SPA	CE	01282008 4. FEI Number	No Chg-P	CR2E034 (11/05)	pplied For
•				27-0139	540	<u> </u>	ot Applicable
		The state of the s		5. Certificate of	f Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent			المارية الماري		7
	A-AND ASSOCIATES, PA			DO I	W TOP	RITE	
7850 NW 146TH ST. STE 402					HIS SP	and the second of the second	Park with
MIAMI LAKES, FL. 33016						AUL .	
				ا سهري د			
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	red agent, or both	, in the State of Flor	ida. Tam familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	ed title if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be	,		
10.	OFFICERS AND D	DIRECTORS	1 1 1 1 1 1 1 1 1 1	4. 1. S. C.	\$7	Jan Stranger	. 41
TITLE NAME	D MARTINEZ, GUILLERMO						999 34 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	7532 W 20TH AVE #103		A CONTRACTOR STATE	3. 种种			3 12
CITY-ST-ZIP	HIALEAH, FL 33016					0875165	
TITLE NAME					<b>%</b> 04/11/08	3+80020-023	150':00"
STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP TITLE							
NAME			d - 17				1074
STREET ADDRESS CITY-ST-ZIP			1,000	DO.	NOT W	RITE	i i i i i i i i i i i i i i i i i i i
IITLE				1. 万. 施 [1]	HIS SP	STATE OF THE PARTY	e de la companya de La companya de la co
NAME			10 to	IIV 971	TIO OF	ACE NO	1
STREET ADDRESS CITY-ST-ZIP				, i	Park Aller	n filip an an D	, Tangaha ang Kalamatan an Kalamatan ang Kalamatan an
TITLE					Branch Branch		
NAME			t			grade.	
STREET ADDRESS CITY-ST-ZIP				가 첫·	in the second		
TITLE			1.				range Nijer de Selektrone
NAME	I		No.		19. J. 19. 19.	in Production	19 14.18 . 14

12. Thereby 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.

**SIGNATURE:** \_

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 (305)

5) 219 - 574