

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000039053

1. Entity Name
L.A.E. CLEANING, INC.



Principal Place of Business
7907 NW 70TH AVE
TAMARAC, FL 33321

Mailing Address
7907 NW 70TH AVE
TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

**FILED
Apr 24, 2008 8:00 am
Secretary of State**

04-24-2008 90110 043 ***150.00



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4523448	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 N STATE RD 7
LAUDERDALE LAKES, FL 33319

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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)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME RINCON, LUISA E
STREET ADDRESS 7907 NW 70TH AVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE DVS
NAME CARDONA, ERICKA
STREET ADDRESS 7907 NW 70TH AVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: *Leesa E Recuvi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-08

Date

954-5883028

Daytime Phone #