

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 014 ***150.00

DOCUMENT # P06000039716

1. Entity Name
MARIA C CLEANING SERVICE INC.

Principal Place of Business
**8803 METHENY CIR.
TAMPA, FL 33615**

Mailing Address
**8803 METHENY CIR.
TAMPA, FL 33615**

2. Principal Place of Business - No P.O. Box #
7608 PINERY WAY

3. Mailing Address
SAME

Suite, Apt. #, etc.
B-2

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33615

Country

Zip

Country



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4529699

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHROBAK, MARIA
8803 METHENY CIR.
TAMPA, FL 33615**

7. Name and Address of New Registered Agent
Name **MARIA CHROBAK**
Street Address (P.O. Box Number is Not Acceptable)
7608 PINERY WAY, # B-2
City **TAMPA** FL Zip Code **33615**

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 Maria Chrobak **MARIA CHROBAK PRES.** DATE **2/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHROBAK, MARIA 8803 METHENY CIR. TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7608 PINERY WAY, # B-2 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Maria Chrobak **MARIA CHROBAK PRES.** DATE **2/19/07** 813-463-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #