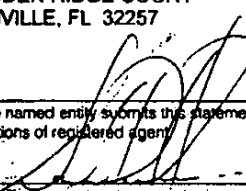
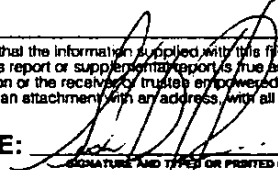


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-11-2007 90041 002 *****8.75
05-11-2007 90041 001 ***150.00

DOCUMENT # P06000061152					
1. Entity Name SUNSET CLEANING SOLUTIONS, INC.					
Principal Place of Business 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257			Mailing Address 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0580939	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEL ROSARIO, SANDRA 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		Sandra Del Rosario		DATE 4/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHRISTOPHER, ARIEL 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SANDRA DEL ROSARIO 10824 HIDDEN RIDGE CT JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CHRISTOPHER, ARIEL 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SANDRA DEL ROSARIO 10824 HIDDEN RIDGE CT JACKSONVILLE, FL 32257	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEL ROSARIO, SANDRA 10824 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 		Sandra Del Rosario		DATE 4/23/07 904 536-7957	

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