

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90431 015 ***150.00

DOCUMENT # P06000063823

1. Entity Name
MONIKA CLEANING SERVICE INC.



Principal Place of Business
**12660 EQUESTRIAN CIRCLE
APT. 2102
FORT MYERS, FL 33907**

Mailing Address
**12660 EQUESTRIAN CIRCLE
APT. 2102
FORT MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #
6724 FAIRVIEW ST.
Suite, Apt. #, etc.

3. Mailing Address
6724 FAIRVIEW ST
Suite, Apt. #, etc.

City & State
FORT MYERS FLORIDA
Zip
FL 33966
Country
USA

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FORT MYERS FLORIDA
Zip
FL 33966
Country
USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4815146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKIPIRZEPA, MONIKA
12660 EQUESTRIAN CIRCLE
APT. 2102
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **MONIKA SKIPIRZEPA**

Street Address (P.O. Box Number is Not Acceptable)
6724 FAIRVIEW ST.

City **FORT MYERS** FL Zip Code **33966**

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.

**MONIKA SKIPIRZEPA
REG. AGENT**

SIGNATURE **Monika Skipirzepe**
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SKIPIRZEPA, MONIKA**
STREET ADDRESS **12660 EQUESTRIAN CIRCLE, APT. 2102**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MONIKA SKIPIRZEPA**
STREET ADDRESS **6724 FAIRVIEW ST.**
CITY-ST-ZIP **FORT MYERS, FL 33966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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: **Monika Skipirzepe** **MONIKA SKIPIRZEPA PRES.** **1/20/07** **239-878-0254**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #