

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081780

FILED
Apr 29, 2009
Secretary of State

Entity Name: STAR HOUSE CLEANING SERVICES COMPANY

Current Principal Place of Business:

2570 LAKE DEBRA DR.
16-102
ORLANDO, FL 32835

New Principal Place of Business:

2494 LAKE DEBRA DR
11-104
ORLANDO, FL 32835

Current Mailing Address:

2570 LAKE DEBRA DR.
16-102
ORLANDO, FL 32835

New Mailing Address:

2494 LAKE DEBRA DR
11-104
ORLANDO, FL 32835

FEI Number: 20-5049093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIEIRA, LILIAN
2570 LAKE DEBRA DR.
16-102
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

VIEIRA, LILIAN
2494 LAKE DEBRA DR
11-104
ORLANDO, FL 32835 US

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.

SIGNATURE: LILIAN VIEIRA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: VIEIRA, LILIAN
Address: 2570 LAKE DEBRA DR. APT. 16-102
City-St-Zip: ORLANDO, FL 32835

Title: DS () Delete
Name: VIEIRA, NATALIA
Address: 2570 LAKE DEBRA DR. APT. 16-102
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: VIEIRA, LILIAN
Address: 2494 LAKE DEBRA DR # 11-104
City-St-Zip: ORLANDO, FL 32835

Title: DS (X) Change () Addition
Name: VIEIRA, NATALIA
Address: 2494 LAKE DEBRA DR # 11-104
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIAN VIEIRA

DPT

04/29/2009

Electronic Signature of Signing Officer or Director

Date