2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/20/2008-90006-010-$150.00-$150.00

2.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 3: 14

DOCUMENT # P06000084918

1. Entity Name
LINDA LEE'S CLEANING SERVICE INC.

Principal Place of Business	Mailing Address
505 NW 43RD CT MIAMI FL 33126	~~PO BOX 2413 MIAMI BEACH FL 33140~~ OLD

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
505 N.W. 43RD CT		P.O. BOX 261464 NEW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI BEACH, FL	
Zip: 33126	Country: USA.	Zip: 33126	Country: U.S.A.

4. FEI Number: AP-PLIED FOR — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, LINDA L 505 NW 43RD CT MIAMI FL 33126	Name: LINDA L. BENNETT Street Address (P.O. Box Number is Not Acceptable): 505 N.W. 43RD CT City: MIAMI FL Zip Code: 33126

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]

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P BENNETT, LINDA L PO BOX 2413 MIAMI BEACH FL 33140	☒ Delete OLD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDA L BENNETT P.O. BOX 261426 MIAMI, FL 33126	☐ Delete NEW P.O. BOX	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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP B 4/14/08	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/3/08 786-260-5750

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