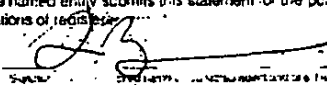


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED
2. 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 505 NW 43RD CT. MIAMI FL 33126		Mailing Address PO BOX 2413 MIAMI BEACH FL 33140 <i>OLD</i>	
2. Principal Place of Business - No P.O. Box # 505 N.W. 43RD CT		3. Mailing Address P.O. Box 241404 NEW	
Suite, Apt. #, etc. MIAMI, FL		Suite, Apt. #, etc. MIAMI BEACH, FL	
City & State		City & State	
Zip 33126	Country USA	Zip 33126	Country USA
4. Name and Address of Current Registered Agent BENNETT, LINDA L 505 NW 43RD CT MIAMI FL 33126		7. Name and Address of New Registered Agent Name LINDA L. BENNETT Street Address (P.O. Box Number is Not Acceptable) 505 N.W. 43RD CT City MIAMI FL 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 registration.			
SIGNATURE  NOTE: Registered Agent signature required when changing office.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		8. 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 <i>OLD</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LINDA L BENNETT P.O. Box 241426 MIAMI, FL 33126 ☐ Delete <i>NEW P.O. Box</i>	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	☐ 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 807, 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 empowerment.		B-4/14/08	
SIGNATURE: 		2/3/08 786-760-5750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	