

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094103

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: GLOFESSIONAL CLEANING SERVICE INC.

## Current Principal Place of Business:

130 KINNEY CT.  
APOPKA, FL 32703

## New Principal Place of Business:

8815 CONROY-WINDERMERE ROAD  
373  
ORLANDO, FL 32835

## Current Mailing Address:

130 KINNEY CT.  
APOPKA, FL 32703

## New Mailing Address:

8815 CONROY-WINDERMERE RD  
373  
ORLANDO, FL 32835

FEI Number: 20-5253368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINEGARDNER, LUCIANA M  
130 KINNEY CT.  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

FREIRE, MARIA S  
8815 CONROY-WINDERMERE RD  
373  
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: MARIA S. FREIRE

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WINEGARDNER, LUCIANA M  
Address: 130 KINNEY CT.  
City-St-Zip: APOPKA, FL 32703

Title: VDS ( ) Delete  
Name: FREIRE, MARIA S  
Address: 6300 RALEIGH ST., APT. 112  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VDS (X) Change ( ) Addition  
Name: FREIRE, MARIA S  
Address: 8815 CONROY-WINDERMERE RD #373  
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: MARIA S. FREIRE

PD

04/26/2008

Electronic Signature of Signing Officer or Director

Date