

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90088 044 \*\*\*150.00

**DOCUMENT # P06000136068**

1. Entity Name  
**GISELLE CLEANING SERVICES INC.**



Principal Place of Business

**3610 NW 1 STREET  
MIAMI, FL 33125**

Mailing Address

**3610 NW 1 STREET  
MIAMI, FL 33125**

**40124955**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**13-4346621**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ABREU, GISELLE  
3610 NW 1 STREET  
MIAMI, FL 33125**

7. Name and Address of New Registered Agent

Name

**Giselle Abreu (Principal)**

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

**3610 NW 1 ST**

City

**Miami**

**FL**

Zip Code

**33125**

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

*Giselle Abreu*

**Giselle Cleaning Services 7/11/07**

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**P-President  
Giselle Abreu  
3610 N.W. 1 ST  
Miami, FL 33125**

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

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

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

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

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 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 empowers.

SIGNATURE:

*Giselle Abreu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/07**

Date

**786-286-7040**

Daytime Phone #

ATTACHMENT

Ref: P06000136068

July 11, 2007

To Whom it may concern:

40124955

May you please, waive the late fee  
I did not receive a notice. But here is  
my check # 741 for \$150.00.

Ref: 707A00042245 Letter

Thank you,

Giselle Allen

Giselle Cleaning Services, Inc.

PS: In the future may I please be  
reminded because this is my first time  
in business.

Thank you again

Giselle Allen