


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90047 006 ***150.00

DOCUMENT # P06000136235		
1. Entity Name LUPES CLEANING SERVICE INC		

Principal Place of Business 140 43RD BARCELONA AVE FORT MYERS, FL 33905	Mailing Address 140 43RD BARCELONA AVE FORT MYERS, FL 33905
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2. Principal Place of Business - No P.O. Box # <u>14043 Barcelona Ave</u>	3. Mailing Address <u>14043 Barcelona Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Fort Myers FL</u>	City & State <u>Fort Myers FL</u>
Zip <u>33905</u>	Zip <u>33905</u>
Country <u>USA</u>	Country <u>USA</u>

6. Name and Address of Current Registered Agent TAVERAS, LUCAS 140 43RD BARCELONA AVE FORT MYERS, FL 33905	
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04072008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5783199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>14043 Barcelona Ave</u> City <u>FL</u> Zip Code	
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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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	<input type="checkbox"/> Delete P TAVERAS, LUCAS 140 43RD BARCELONA AVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SEC TAVERAS, PRISCILIO 140 43RD BARCELONA AVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>14043 Barcelona Ave</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>14043 Barcelona Ave</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/08 (239) 645 2573
Date Daytime Phone #