

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90058 045 ***150.00

DOCUMENT # P07000003938 1. Entity Name LISY COMMERCIAL CLEANING INC.					
Principal Place of Business 4550 W 16 AVE APT 609 HIALEAH, FL 33012			Mailing Address 4550 W 16 AVE APT 609 HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 6890 W. 2nd Way Suite, Apt. #, etc. Hialeah FL City & State 33014 Zip		3. Mailing Address 6890 W. 2nd Way Suite, Apt. #, etc. Hialeah City & State Fla. Zip 33014			
4. FEI Number 20-8208183		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CUEVAS, JORGE H 4550 W 16 AVE APT 609 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Cuevas Jorge H Street Address (P.O. Box Number is Not Acceptable) 6890 W. 2nd Way Hialeah FL 33014 City FL Zip Code		
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 4/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CUEVAS, JORGE H <input checked="" type="checkbox"/> Delete 4550 W 16 AVE APT 609 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cuevas Jorge H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6890 W. 2nd Way Hialeah FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition List Cuevas 6890 W 2nd Way Hialeah FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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:			4/3/08 786-201-4734		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		