2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2008 8:00 am
Secretary of State
04-07-2008 90038 020 ***150.00

DOCUMENT # P07000011649

1. Entity Name
DREAMAID CLEANING CORP

66008000

02112008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~448 LAKE BRIDGE LANE~~ ~~1916~~ ~~APOPKA, FL 32703~~	~~448 LAKE BRIDGE LANE~~ ~~1916~~ ~~APOPKA, FL 32703~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
419 NEWTON PL	419 NEWTON PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country: USA	Zip: 32779 Country: USA

4. FEI Number: 20-8319147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LIRA, KEILA
~~448 LAKE BRIDGE LANE~~
~~1916~~
~~APOPKA, FL 32703~~

7. Name and Address of New Registered Agent

Name

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

419 NEWTON PL

City LONGWOOD FL Zip Code 32779

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: KDLS
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE LIRA, KEILA ~~448 LAKE BRIDGE LANE APT 1916~~ ~~APOPKA, FL 32703~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	419 NEWTON PL LONGWOOD, FL 32779	☒ Change ☐ Addition
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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: KDLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #