

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110145

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PARADISE CLEANING SERVICE BY LATONYA OLIVER CORP

**Current Principal Place of Business:**

3720 7TH STRRET NORTH  
ST.PETERSBURG, FL PUINELLAS US

**New Principal Place of Business:**

3720 7TH STRRET NORTH  
ST.PETERSBURG, FL 33704 US

**Current Mailing Address:**

3720 7TH STRRET NORTH  
ST.PETERSBURG, FL PUINELLAS US

**New Mailing Address:**

PO BOX 7145  
ST.PETERSBURG, FL 33734 US

FEI Number: 26-1186730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVER, LATONYA OWNER  
3720 7TH STRRE NORTH  
ST.PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIVER, LATONYA K OWNER  
Address: 3720 7TH STREET NORTH  
City-St-Zip: ST,PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LATONYA OLIVER

OWNE

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date