2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015783

Entity Name: LUCIA DETAIL CLEANERS, INC.

FILED Jul 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

360 24TH ST NW APT 644 350 24TH ST NW

WINTER HAVEN, FL 33880 203M

WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

360 24TH ST NW APT 644 350 24TH ST NW WINTER HAVEN, FL 33880

203M

WINTER HAVEN, FL 33880

FEI Number: 33-1202812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SANCHEZ, GINA SANCHEZ, GINA 360 24TH ST NW APT 644 350 24TH ST NW

WINTER HAVEN, FL 33880 US 203M

WINTER HAVEN, FL 33880 US

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: 07/07/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

SANCHEZ, GINA SANCHEZ, GINA Name: Name:

360 24TH ST NW APT 644 350 24TH ST_NW APT 203M Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: T/S () Delete Title: T/S (X) Change () Addition

SANCHEZ, GINA Name: Name: SANCHEZ, GINA

360 24TH ST NW APT 644 350 24TH ST NW APT 203M Address: Address: WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: SANCHEZ, JUAN CARLOS Name: SANCHEZ, JUAN CARLOS Name: 360 24TH ST_NW APT 644 350 24TH ST_NW APT 203M Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

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: GINA MAE SANCHEZ D/P 07/07/2009