## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000027442

Entity Name: LG COMERCIAL CLEANING INC

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

671 29TH ST SW 2692 FOUNTAIN VIEW CIRCLE NAPLES, FL 34117

103

NAPLES, FL 34109

**Current Mailing Address: New Mailing Address:** 

671 29TH ST SW PO BOX 110711 NAPLES, FL 34108 NAPLES, FL 34117

FEI Number: 42-1760145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GONZALEZ, CARMEN L SPL INCOMETAX CORP 6006 RADIO RD 671 29TH ST SW NAPLES, FL 34117 NAPLES, FL 34104 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: ISMARY GONZALEZ 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

GONZALEZ, CARMEN L TORRES, LUIS A Name: Name:

671 29TH ST SW 2692 FOUNTAIN VIEW CIRCLE APT 103 Address: Address:

City-St-Zip: NAPLES, FL 34117 US City-St-Zip: NAPLES, FL 34109 US

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

Name: Name: JUSTINIANO, ELIZABETH

Address: Address: 2692 FOUNTAIN VIEW CIRCLE APT 103

NAPLES, FL 34109 City-St-Zip: 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.

Ρ SIGNATURE: LUIS A TORRES 04/29/2009