


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90029 024 ***150.00

DOCUMENT # P93000020597 1. Entity Name QUALITY CLEANERS OF LAKE MARY, INC.																																					
Principal Place of Business 345 W LAKE MARY BLVD UNIT 115 LAKE MARY, FL 32746			Mailing Address 345 W LAKE MARY BLVD UNIT 115 LAKE MARY, FL 32746																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		Zip																																	
Country		Country		4. FEI Number 59-3154025																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent LLAMA, JOSE 4262 SANDHURST DR. ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name Ana Maria Llana Street Address (P.O. Box Number is Not Acceptable) 4262 Sandhurst Dr. Orlando City Orlando FL Zip Code 32817																																	
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 <u><i>Jose Maria Llana</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD LLAMA, JOSE 4262 SANDHURST DR ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLAMA, JOSE 4262 SANDHURST DR ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Ana Maria Llana 4262 Sandhurst Dr. Orlando FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ana Maria Llana 4262 Sandhurst Dr. Orlando FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLAMA, JOSE 4262 SANDHURST DR ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ana Maria Llana 4262 Sandhurst Dr. Orlando FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Jose Maria Llana</i></u> 2/5/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																					