2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P93000032577 1. Entity Name L.E.L.O. CLEANERS, INC. Principal Place of Business Mailing Address 5317 GUNN HIGHWAY 12022 ANDERSON RD **TAMPA FL 33625** TAMPA FL 33625 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3190814 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELGADO, SIGFREDO Street Address (P.O. Box Number is Not Acceptable) 11927 MIDDLE BURY DR. **TAMPA FL 33626** City Zip Code 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. Signature, typed or printed name of registered agent enn title if applicable (NOTE Regislered Agent alignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME DELGADO, SIGFREDO E NAME 000000498019 04/22/06-80078-009 150.00 STREET ADDRESS 11927 MIDDLEBURY DRIVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME DEGALDO, RHONDA MAME STREET ADDRESS 11927 MIDDLEBURY DRIVE STREET ADDRESS CMY-ST-ZIP TAMPA FL 33626 CITY-ST-ZIP THE ☐ Defete ☐ Change TATE ☐ Addition NAME NAME STREET ADDRESS STALLT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP DITY-ST-ZIP Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C874-57-778 TILE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CXTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

Rhonda Delgado

SIGNATURE:

**FILED** 

842-1733