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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P9400000134 (4) **DOCUMENT #** ESPERANZA CLEANING, INC. Principal Place of Business Mailing Address 4789 N CONGRESS AVE 4789 N CONGRESS AVE **BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1993 02/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0462029 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Ζiρ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LASPRILLA, MARCO Street Address (P.O. Box Number is Not Acceptable) 82 110 BUTTONWOOD LANE 83 **BOYNTON BEACH FL 33462** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THUE **PSTD** DELETE 1 1 THLE Change Addition NAME LASPRILLA, MARCO 1.2 NAME STREET ADDRESS 110 BUTTONWOOD LANE 1.3 STREET ADDRESS **BOYNTON BEACH FL 33462** CITY-S1-7IP 1.4 C(TY - ST - Z)P TITLE □ DELETE 2.1 TITLE Change ☐ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY - \$1 - ZIP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ASORESS CHY+ST-ZIF 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY-ST-ZIP Talle DELETE 6. 1 TITLE Change Addition NAMS 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHTY - \$1 - ZHP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 reponded, or or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-16

CR2E034 (12/95)