

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000030312

1. Entity Name
GILDA'S CLEANING SERVICES, INC.



Principal Place of Business
9154 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467 US

Mailing Address
9154 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467 US



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0582109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVERONI, ROBERTO
9154 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Roberto Leveroni

04-25-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
GAMBOA, GILDA I
9154 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
LEVERONI, ROBERTO
9154 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

U00000749049
05/18/07-80007-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Leveroni

04/25/07

561-721-2773

Date

Daytime Phone #