2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000057693

1. Entity Name
H.L. BRIGHT CLEANING SERVICE INC.

PLEASE DELETE THIS COMMA!

Principal Place of Business	Mailing Address
9786 SW 138 AVE MIAMI, FL 33186	9786 SW 138 AVE MIAMI, FL 33186

05252005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14091 SW 82 ST	*14091 SW 82 ST*
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State *MIAMI FL*	City & State *MIAMI FL*
Zip *33183* Country	Zip *33183* Country

4. FEI Number 65-0595820 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LIZARAZU, LECY
9786 SW 138 AVE.
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | 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 and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LIZARAZU, LECY 9786 SW 138 AVE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*14091 SW 82 ST* *MIAMI FL 33183*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _Lecy Lizara_ *LECY LIZARAZU-PRES* 05/25/05 (305) 588-1226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #