

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90077 049 ***150.00

DOCUMENT # P97000023169 1. Entity Name CAMPAS CLEANING, INC.					
Principal Place of Business 720 9TH AVE SW LARGO, FL 33770			Mailing Address PO BOX 2238 LARGO, FL 33779		
2. Principal Place of Business - No P.O. Box # 2131 Ridge Rd # 997 Suite, Apt. #, etc. #997		3. Mailing Address 2131 Ridge Rd Suite, Apt. #, etc. #997			
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 59-3433929	
Zip 33778		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPAS CAMPAS, CHRISTIAN 720 9TH AVE SW LARGO, FL 33770				7. Name and Address of New Registered Agent Name CAMPAS, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 2131 Ridge Rd # 997 City LARGO FL Zip Code 33778	
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>CHRISTIAN CAMPAS</i></u> DATE <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAMPAS, CHRISTIAN 720 9TH AVE SW LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CAMPAS, SHIRLEY 720 9TH AVE SW LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 an other like empowered.					
SIGNATURE: <u><i>CHRISTIAN CAMPAS</i></u> <u>4-30-07</u> <u>787-481-1695</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					