Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90035 043 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secret ₃ry of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700074240

1. Corporation Name

ESTRELLA'S CLEANING SERVICE, INC.

						Bil 291i ina:
Principal Place	e of Business	Mailing Address				
6187 SCORFIO	CIRCLE	P.O. BOX 4929				
SUITE 128		TAMPA FL 33677		DO NOT WRITE IN THIS SPACE		
TAMPA FL 33614 US		US		3. Date Incorporated or Qualifed		
				08/27/1997		
2 D=====   D	and of Punings	2a. Mailing Address		4. FEI Number	Anr	lied For
<u> </u>	ace of Business	$ \sim$ $\sim$ $\sim$ $\sim$	4929	59-3465030	H	Applicable
Suite, Apt.	7 W. proad ST.	26	7/-/		\$8.75 A	· · · · · · · · · · · · · · · · · · ·
<b>⊢</b> ′	#, etc.	<del>-</del>		5. Certifcate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00	for Do
⊢⊐÷ak	So Floring	28 79mb9	$\rho I$	Trust Fund Contribution	Added to	
23 10(1) F	Courtry	Zip	Couptry./ /	8. This corporation owes the current year		
24 3336/	1 In Hellahonia	29 33677	30 /L//5 box	•		∃No
24 0047	9. Name and Address of Current		130 1 19 11 10 3 DAY	() 10. Name and Address of New Registere	ed Agent	
-	o. Hallo distribution of		81 Name			
AME	RILAWYER CHARTERED			(2002)		
343	ALMERIA AVENUE		82 Street Acc	dress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		83			
			84 City	F	85 Zip C	ode
			L			
	to the provisions of Sections 607 0500	and 607 1508 Florida Stati	utes, the above-named cor	poration submits this statement for the purpose	of changing its r	egistered
11. Pursuant	egistered agent, or bo h, in the State o	of Florida. Such change was	authorized by the corporat	poration submits this statement for the purpose tion's board of cirectors. I hereby accept the ap	of changing its ripointment as reg	egistered stered
11. Pursuant	to the provisions of S∈ ctions 607.0502 egistered agent, or bo h, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authorized by the corporat	rporation submits this statement for the purpose tion's board of cirectors. I hereby accept the ap	of changing its reproductions of the project of the	egistered stered
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14. 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 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 the man 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 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES S

CITY-ST-ZIP

CR2E034 (11/98)