

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90443 050 \*\*\*150.00

<b>DOCUMENT # P98000016399</b> 1. Entity Name <b>LAUSTE CLEANING, INC.</b>			
Principal Place of Business 994 CARROL ST STE 7 KISSIMMEE, FL 34744-1422 US		Mailing Address 994 CARROL ST STE 7 KISSIMMEE, FL 34744-1422 US	
2. Principal Place of Business <b>1201 E. DONEGAN AVE</b> Suite, Apt. #, etc. <b>STE 1201</b> City & State <b>KISSIMMEE, FL</b> Zip <b>34744-1948</b> Country <b>U.S.A.</b>		3. Mailing Address <b>1201 E DONEGAN AVE</b> Suite, Apt. #, etc. <b>STE 1201</b> City & State <b>KISSIMMEE, FL</b> Zip <b>34744-1948</b> Country <b>U.S.A.</b>	
4. FEI Number <b>59-3503323</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAVINON, ANA J</b> <b>145 POINSETTIA DR</b> <b>KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>ENRIQUE SAVINON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2835 FLAMBOYAN ST</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34744</b>	
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 <b>ENRIQUE SAVINON</b> <b>04/22/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINON, ENRIQUE 145 POINSETTIA DR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVINON, ENRIQUE 2835 FLAMBOYAN ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVINON, ANA 145 POINSETTIA DR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINON, ANA 2835 FLAMBOYAN ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:		<b>ENRIQUE SAVINON</b> <b>04/22/2004</b> <b>407-870-0505</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	