

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


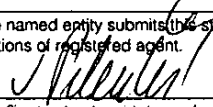
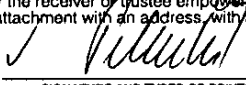
**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90971 039 \*\*\*150.00

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01252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000020386</b>			
1. Entity Name MARCELA'S CLEANING INC.			
Principal Place of Business 2377 CHAUCEY ST CLEARWATER, FL 33765		Mailing Address 2377 CHAUCEY ST CLEARWATER, FL 33765	
2. Principal Place of Business 1456 S. RIDGELAND CIR. → SAME		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33755		Country	
4. FEI Number 59-3494141		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEKARCIC, FRANTISEK 2377 CHAUCEY ST CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name FRANTISEK PEKARCIC Street Address (P.O. Box Number is Not Acceptable) 1456 S. RIDGELAND CIR. 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:  FRANTISEK PEKARCIC REG. AGENT DATE: 4/09/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P PEKARCIC, FRANTISEK 1456 S. RIDGELAND CIRCLE CLEARWATER, FL 33755 <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	S ROTH, MARCELA 2379 CHAUCEY STREET CLEARWATER, FL 33765 <input checked="" 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	S MARCELA PEKARCIKOVA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1456 S. RIDGELAND CIR CLEARWATER, FL 33755
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 employed 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:  FRANTISEK PEKARCIC PRES.		Date: 4/09/05 727-447-7997	