## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # P98000020386  1. Entity Name MARCELA'S CLEANING INC.								04-30-2008	90184 0	38 ***15	0.00	
Principal Place of Business 1496 S RIDGELANE CLEARWATER, FL 33755				ailing Address 496 S RIDGELANE LEARWATER, FL 3375				·				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182008	Chg-P	CR2E03	34 (12/06)		
City & State				City & State		4. FEI Number 59-3494141			Applied For Not Applicable			
Zip	Country .			Zip Cour		itry		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
PEKARCIK, FRANTISEK 1456 S RIDGELANE CIRCLE CLEARWATER, FL 33755					Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER, FL 33755												
				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 aignature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees					
10.		CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11			
TITLE	P Delete TITL					E				Change	Addition	
NAME Street Adoress	PEKARCIK, FRANTISEK  1456 S. RIDGELAND CIRCLE					ie Eet address						
CITY-ST-ZIP	CLEARWATER, FL 33755					'-ST-ZIP						
TITLE	S Delete TITL					E				☐ Change	☐ Addition	
NAME		IKOVA, MARCELA		NAM	NE EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	11000111100111011111					'-ST-ZIP						
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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 all other like empowered.  PEKAPCIK FRANTISEIC												
SIGNAT	URE: _	V Pillells	$\bot$	•	PR	ESIDENT		0424 08				
l		SIGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	D	zytime Phone #		