

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90232 049 ***150.00

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02192005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000039876 1. Entity Name THE ELEGANTE CLEANING CORPORATION			
Principal Place of Business 527 N. JEFFERSON AVE. SARASOTA, FL 34237		Mailing Address 527 N. JEFFERSON AVE. SARASOTA, FL 34237	
2. Principal Place of Business <i>1223 No Line Ave.</i> Suite/Apt. #, etc.		3. Mailing Address <i>1223 No Line Ave.</i> Suite, Apt. #, etc.	
City & State SARASOTA, FL. Zip 34237 Country SARASOTA		City & State SARASOTA, FL. Zip 34237 Country SARASOTA	
4. FEI Number 65-0836755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEGRIN, ALICIA 527 N. JEFFERSON AVE. SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name <i>ALICIA NEGRIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>1223 No Line Ave.</i> City <i>SARASOTA</i> FL Zip Code <i>34237</i>	
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 <i>Alicia Negrin</i> - ALICIA NEGRIN <i>2-19-2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (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	PD NEGRIN, ALICIA 527 N. JEFFERSON AVE. SARASOTA, FL 34237	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NEGRIN, PEDRO L 527 N. JEFFERSON AVE. SARASOTA, FL 34237	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
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: <i>Alicia Negrin</i> - ALICIA NEGRIN - President <i>2/19/08 (841) 330-1051</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>	