


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90044 027 ***150.00

DOCUMENT # P98000041495	
1. Entity Name SOPHIA'S CLEANING, INC.	

Principal Place of Business 15 E. VINING ST. WINTER GARDEN, FL 34787	Mailing Address 15 E. VINING ST. WINTER GARDEN, FL 34787
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94058774



03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 706 Grisham St.	3. Mailing Address 706 Grisham St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Garden FL	City & State Winter Garden FL
Zip 34787	Zip 34787
Country USA	Country USA

4. FEI Number 59-3509544	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 ORTIZ, SOPHIA 15 E. VINING ST. WINTER GARDEN, FL 34787	
7. Name and Address of New Registered Agent Name ORTIZ, Sophia Street Address (P.O. Box Number is Not Acceptable) 706 Grisham St. City Winter Garden FL Zip Code 34787	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT ORTIZ, SOPHIA 15 E. VINING ST. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT ORTIZ, SOPHIA 706 Grisham St. Winter Garden FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, SOPHIA 15 E. VINING ST. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, SOPHIA 706 Grisham St. Winter Garden FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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: *Sophia Ortiz* **3-15-04 407-656-4323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #