


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P98000100095 |  |
| 1. Entity Name EUROPEAN HOME CLEANING SERVICE CORP. | |

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| Principal Place of Business 8035 150 COURT NORTH PALM BEACH GARDENS FL 33418 | Mailing Address 8035 150 COURT NORTH PALM BEACH GARDENS FL 33418 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

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| 6. Name and Address of Current Registered Agent JACKOWSKI, STEFAN 8035 150 COURT NORTH PALM BEACH GARDENS FL 33418 | |
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| 4. FEI Number 59-3545690 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 GRYC, MARTA 8035 150 CT N PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | U000000246324 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/28/05-80061-006 150.00 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP CZAJKOWSKI, MICHAEL T 8035 150 CT N PALM BEACH GARDENS FL 33418 <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 GRYC, MARTA 8035 150 CT. N. PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | STEFAN JACKOWSKI | 02.19.05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date |