

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90024 044 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000045926 1. Entity Name SUMMER'S CLEANING SERVICE, INC.					
Principal Place of Business 3650 NW 16 ST LAUDERHILL, FL 33311			Mailing Address 3650 NW 16 ST LAUDERHILL, FL 33311		
2. Principal Place of Business - No P.O. Box # 440 MONROE DR		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WEST PALM BEACH		City & State 		4. FEI Number 65-0920756	
Zip 33405		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPITIA, MARIA 3650 NW 16 ST LAUDERHILL, FL 33311			7. Name and Address of New Registered Agent Name ESPERANZA HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 440 MONROE DR City WEST PALM BEACH FL Zip Code 33405		
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 <u><i>Esperanza Hernandez</i></u> DATE <u>02-27-07</u> <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, 2007 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	D ESPITIA, MARIA 3650 NW 16 ST LAUDERHILL, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPERANZA HERNANDEZ 440 MONROE DR WEST PALM BEACH FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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 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.					
SIGNATURE: <u><i>Esperanza Hernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-27-07 561-716-1595 <small>Date Daytime Phone #</small>		