2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071172

1. Entity Name
ANCO.CLEANING, INC.

94065350

Principal Place of Business	Mailing Address
994 CARROLL ST., SUITE 7 KISSIMMEE, FL 32744-1422	994 CARROLL ST., SUITE 7 KISSIMMEE, FL 32744-1422

04222004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business
1201 E. DONEGAN AVE
Suite, Apt. #, etc. STE 1201
City & State KISSIMMEE, FL
Zip 34744-1948   Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 34744-1948   Country U.S.A.

4. FEI Number 52-2187740 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORI, PELEGRIN A
994 CARROLL ST., SUITE 7
KISSIMMEE, FL 32744-1422

7. Name and Address of New Registered Agent

Name ENRIQUE SAVINON
Street Address (P.O. Box Number is Not Acceptable) 2835 FLAMBOYAN ST
City KISSIMMEE   FL   Zip Code 34744

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 _____   ENRIQUE SAVINON   04/22/2004
Signature, typed or printed name of registered agent and title if applicable.   (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. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP / NAME SAVINON, ENRIQUE / STREET ADDRESS 994 CARROLL ST., SUITE 7 / CITY-ST-ZIP KISSIMMEE, FL 327441422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD / NAME SAVINON, ANA J / STREET ADDRESS 994 CARROLL ST., SUITE 7 / CITY-ST-ZIP KISSIMMEE, FL 327441422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD / NAME BORI, PELEGRIN A / STREET ADDRESS 994 CARROLL ST., SUITE 7 / CITY-ST-ZIP KISSIMMEE, FL 327441422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____   ENRIQUE SAVINON   04/22/2004   407-870-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #