

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36801

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE CLEANING LADIES, INC.

Current Principal Place of Business:

125 LAGOON FOREST DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

1010 SEMINOLE DRIVE
710
FT. LAUDERDALE, FL 33304

Current Mailing Address:

125 LAGOON FOREST DR.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

1010 SEMINOLE DR.
710
FT. LAUDERDALE, FL 33304

FEI Number: 59-3054116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JAMES V
217 PONTE VEDRA PARK DR.
SUITE 200
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHRIFTMAN, FELICE,
Address: 125 LARGOON FOREST DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHRIFTMAN, FELICE,
Address: 1010 SEMINOLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VP () Change (X) Addition
Name: SHRIFTMAN, FELICE
Address: 1010 SEMINOLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: S () Change (X) Addition
Name: SHRIFTMAN, FELICE
Address: 1010 SEMINOLE DR.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: T () Change (X) Addition
Name: SHRIFTMAN, FELICE
Address: 1010 SEMINOLE DR.
City-St-Zip: FT. LAUD., FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICE SHRIFTMAN

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date