

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V37653

Entity Name: SUN CLEANING,INC.

FILED
Nov 17, 2005
Secretary of State

Current Principal Place of Business:

3924 NW 73 AVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3924 NW 73 AVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0329727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COQUIS, DAFNE G
3924 NW 73 AVE
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COQUIS, DAFNE
Address: 3924 NW 73 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: COQUIS, MARIO,
Address: 3924 NW 73 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: COQUIS, RODNEY
Address: 3924 N.W. 73RD AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: COQUIS, MARIO
Address: 3924 NW 73 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: VANSLUYTMAN, GRACEMARIE
Address: 3924 NW 73 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COQUIS, DAFNE
Address: 3924 NW 73 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: GLOSSINGER, JAMES
Address: 101 N. STATE RD 7, SUITE 8
City-St-Zip: MARGATE, FL 33063

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: DAFNE COQUIS

P

11/17/2005

Electronic Signature of Signing Officer or Director

Date