

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 004 ***150.00

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04172006 Chg-P CR2E034 (11/05)

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|--|--|---|--|---|--|
| DOCUMENT # V37653 1. Entity Name SUN CLEANING, INC. | | | | | |
| Principal Place of Business 3924 NW 73 AVE CORAL SPRINGS, FL 33065 US | | | Mailing Address 3924 NW 73 AVE CORAL SPRINGS, FL 33065 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0329727 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLOSSINGER, JAMES 101 N. STATE RD 7, SUITE 8 MARGATE, FL 33063 | | | 7. Name and Address of New Registered Agent Name DAFNE COQUIS Street Address (P.O. Box Number is Not Acceptable) 3924 NW 73 AVE. City Coral Springs FL Zip Code 33065 | | |
| 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 4/17/06. <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, 2006 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 | VP COQUIS, DAFNE 3924 NW 73 AVE CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P COQUIS DAFNE. 3924 NW 73 AVE. Coral Springs FL 33065 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP COQUIS, MARIO 3924 NW 73 AVE CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP. COQUIS MARIO. 3924 NW 73 AVE. Coral Springs FL 33065 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP COQUIS, RODNEY 3924 N.W. 73RD AVENUE CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GLOSSINGER, MARIO 101 N. STATE RD. 7, SUITE 8 MARGATE, FL 33063 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP VANSLUYTMAN, GRACEMARIE 3924 NW 73 AVE CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GLOSSINGER, JAMES 101 N. STATE RD 7, SUITE 8 MARGATE, FL 33063 | | 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: | | | 4/17/06. | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |