FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State 490619 DOCUMENT # 1. Entity Name SPANNY CLEANERS INC. BY ENRIQUE CHANTRES 05-19-2002 90070 023 ***150.00 Mailing Address Principal Place of Business 2555 SW 8TH STREET 2555 SW 8TH STREET MIAMI FL 33135 MIAMI FL 33135 : 3. Mailing Address 2. Principal Place of Business . DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 59-1651909 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHANTRES, ENRIQUE 2555 SW 8TH ST. **MIAMI FL.33135** Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees , Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 1.5 i OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 Change ☐ Addition TITLE ☐ Delete TITLE $g^* \cong \mathbb{N}$ NAME CHANTRES, ENRIQUE NAME: 41 43 STREET ADDRESS 2555 S.W. 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP [] Addition Change TITLE ☐ Delete TITLE NAME CHANTRES, AIDA NAME STREET ADDRESS 2555 S.W. 8TH ST: STREET ADDRESS CITY-ST-ZIP MIAMI FL ČITŸ-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR