2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # K01669 1. Entity Name EUROPEAN CLEANING & LAWN SERVICE, INC. Mailing Address Principal Place of Business EUROPEAN CLEANING 2298 BETHEL BOULEVARD 2298 BETHEL BLVD BOCA RATON FL 33486 US **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0129266 Not Applicable Zip Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERNA, FRANCISCO F P Street Address (P.O. Box Number is Not Acceptable) 2298 BETHEL BLVD **BOCA RATON FL 33486** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE INOTE: Requisiered Agent signature required when revisiating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME SERNA, FRANCISCO F P NAME U00000509927 STREET ADDRESS STREET ADDRESS 2298 BETHEL BLVD 04/28/06-80063-005 150.00 CITY - ST - ZIP CITY-ST-7/P **BOCA RATON FL 33486** ☐ Change ☐ Addition Delete TITLE TITLE MAMIE NAME GUTIERREZ, GLADYS VP STREET ADDRESS STREET ADDRESS 2298 BETHAL BLVD. CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME SERNA, MANUEL F S STREET ADDRESS 2298 BETHEL BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-78 Delete ☐ Change Addition RITEF TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-11-06 (541)750767

Daytime Phone #