2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # L70856 1. Entity Name AMERICA CLEANING SERVICE, INC. Principal Place of Business Mailing Address 5058 CANAL CIRCLE EAST LAKE WORTH FL 33467 5058 CANAL CIRCLE EAST LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-0188867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ROMAN, JOSE 5058 CANAL CIRCLE EAST Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 City Zip Code 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 little r applicable. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THEF ☐ Change ■ Addition ROMAN, JOSE NAM NAME 5058 CANAL CIRCLE EAST STREET ADDRESS UQDQ00709292 STREET ADDRESS LAKE WORTH FL 33467 04/24/07-80148-018 158.75 CHY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE □ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY+S1-ZIP CITY-ST-ZIP HILE Delete IIILE ☐ Change □ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CDY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMI NAMI STHEET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change THLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP THE Defete ■ Addition TITLE ☐ Change NAMO NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the receiver of trustee empawored 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.

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SIGNATURE: