2003 FOR PROFIT CORPORATION 1SION OF CORPORATION UNIFORM BUSINESS REPORT (UBR 3/28/2003-90082-039-\$150.00-\$150.00 P01000007032 **DOCUMENT #** 03 JUN - 1 AM 11: 15 1. Entity Name KRISJOENNA CLEANING SERVICES INC. Principal Place of Business Mailing Address 855 EUCLID AVENUE #103 855 EUCLID AVENUE #103 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 -2. Principal Place of Business 3. Mailing Address 855 EUCLID AUG. #103 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 103 City & State City & State 4. FEI Number Applied For 65-1074399 MIAMIBEACH, 1233139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNA DIEPPA OLIVARES, ENNA 55 EUCL D AVE 855 EUCLID AVENUE #103 MIAMI BEACH FL 33139 EARH 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. SIGNATURÉ (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.D. TITLE Delete TITLE Change ☐ Addition OLIVARES, ENNA ENNA, DIEPPA NAME NAME 855 EUCLID AVENUE #103 STREET ADDRESS STREET ADORESS 855 EUCLID AVENUE #103 MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIRMI BEACHFL. 33139 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP. CITY-ST_ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby 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 at seven this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver o changed, or on an attachment with