2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P02000027919 05-01-2006 90482 006 ***150.00 1. Entity Name P & C GENERAL SERVICES, INC. Principal Place of Business Mailing Address 140 N.W. 87TH AVE. #210 50017895 140 N.W. 87TH AVE. #210 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 01-0638148 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALCANO, BERTI Street Address (P.O. Box Number is Not Acceptable) 140 N.W. 87TH AVE. #210 MIAMI, FL 33172 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE **K**Change Addition NAME CALCANO, BERTI NAME FINLANDIA N. PIMENTEL STREET ADDRESS 140 N.W. 87TH AVE. #210 STREET ADDRESS 140 N.W. 87 AVE. #210 MIAMI, FL 33172 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP VD TITLE Delete TITLE K1 Channe ☐ Addition VD. NAME PIMENTEL, ANGEL D NAME BERTI CALCANO STREET ADDRESS 140 N.W. 87TH AVE. #210 STREET ADDRESS 140 N.W. 87 AVE. #210 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIMENTEL, FINLANDIA NAME NAME STREET ADDRESS 140 N.W. 87 AVE. #210 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

FILED

786-457-4230