2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000102269 05-01-2006 90404 022 ***150.00 AL-PE REPAIR, MAINTENANCE & CLEANING, CORP. quui Principal Place of Business Mailing Address 121 NW 17TH PL 121 NW 17TH PL MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20-3262895 Not Applicable Zip Country 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 ALCARAZ, GUSTAVO A Street Address (P.O. Box Number is Not Acceptable) 121 NW 17TH PL MIAMI, FL 33125 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALCARAZ, GUSTAVO A NAME NAME 121 NW 17TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZiP MIAMI, FL 33125 CITY-ST-ZIP STD ☐ Change ☐ Delete TITLE ☐ Addition TITLE PENALBER, PATRICIA V NAME NAME STREET ADDRESS STREET ADDRESS 121 NW 17TH PL CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustge 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 a formation of the corporation of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation of the corpora

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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