2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # F47062** 04-29-2004 90313 001 ***150.00 1. Entity Name SUNSHINE CLEANING SYSTEMS, INC. Principal Place of Business Mailing Address 14013140 3449-3445 N.E. 12TH TERR. 3449-3445 N.E. 12TH TERR. P.O.BOX 24466 P.O.BOX 24466 FT LAUDERDALE, FL 33307 FT LAUDERDALE, FL 33307 2.9 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072004 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 59-2142301 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired -Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALUFETTI, LARRY Street Address (P.O. Box Number is Not Acceptable) 3449-3445 N.E. 12TH TERR. FORT LAUDERDALE, FL 33334 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ■ Addition TITLE ☐ Delete CALUFETTI, LARRY NAME NAME 3445 NE 12TH TERR STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 00000, CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE COENEN, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 3445 NE 12 TERR CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change DIEL, ROGER DEIL, ROGER NAME NAME STREET ADDRESS STREET ADDRESS 3445 N.E. 12 TERR CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change ROSE, DORAN C NAME NAME STREET ADDRESS 3445 NE 12TH TERR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 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 建氯酚酚酚 的复数 医乳腺病 化双氯甲基酚二甲甲基酚甲基酚 CITY-ST-ZIP CITY-ST-ZIP 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 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 y

OFFICER OR DIRECTOR

FILED

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