2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

TURE AND OFPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2006 8:00 am Secretary of State **DOCUMENT # G26959** 05-01-2006 90358 011 ***150.00 1. Entity Name IMPERIAL CLEANING SERVICES, INC. Principal Place of Business Mailing Address % OSCAR HERNANDEZ, JR. % OSCAR HERNANDEZ, JR. 335 W. 62 STREET 335 W. 62 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Cho-P CR2E034 (11/05) Applied For City & State 4 FFI Number City & State 59-2277951 Not Applicable Country Zip Country Zip \$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 4ERNANDEZ ALVAREZ, ILEANA Street Address (P.O. Box Number is Not Acceptable) 335 W. 62 STREET HIALEAH, FL 33012 STREET 62 335 W Zip Code 33 0/2 1/ACEA 4 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE Delete TITLE PREFIDENT Change Addition OSCAR HERNANDEZ JR. 331 W 62 Sf. ALVAREZ, ILEANA NAME NAME 335 W. 62 ST. STREET ADDRESS STREET ADDRESS HIALEAH, FI 33012 CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP SECRETARY / TREASURY ST TITLE Delete TITLE Change ☐ Addition ALVAREZ, ANAELY CARIDAD HERNANDEZ NAME NAME STREET ADDRESS STREET ADORESS 335 W 62 ST. 335 W 625+ F1 33012 CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-7IP HIÀ LEAH TITLE ☐ Change ☐ Addition TITLE Delete 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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. DSCAR HERNANDEZ JR.

FILED