2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE!

Mar 23, 2007 08:00 AM DOCUMENT # J57984 **Secretary of State** 1. Entity Namo SOUND VIEW CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1360 27TH AVENUE 1360 27TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEi Number Applied For 59-2805408 Not Applicable Zip Country Zip 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 Namo DIAZ, PETER **1360 27TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 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 it applicable. (NOTE: Registared Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE Change DIAZ, PETER U00000676793 03/30/07-80076-010 150.00 NAME NAME 1360 27TH AVENUE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP MILE ☐ Delete DIC ■ Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY - ST - ZIP CITY-ST-ZIP Defete ши Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with on address with all other like empowered.

FILED