Applied For

Not Applicable

FILED Apr 07, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**) **DOCUMENT #** K25589 1. Entity Name 04-07-2003 91046 029 ***150.00 JIM'S PROFESSIONAL CARPET CLEANING, INC. Principal Place of Business Mailing Address 15049 SW 127TH COURT 15049 SW 127TH COURT MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 20 N.E. 12 AV. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number v & State 65-0133231 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JAMES Street Address (P.O. Box Number is Not Acceptable) 45049 SW 127TH COURT MIAMI FL 33186 220 N.E. 12 AV. Lot 21

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Départment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition MILLER, WANDA NAME NAME 220 N.E. 12 AV Lot 25 15049 SW 127TH COURT STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Homestead, FL 33030 TITLE VST ☐ Delete TITLE X Change ☐ Addition MILLER, WANDA NAME 220 N.E. 12 AV. Lot 25 STREET ADDRESS 15049 SW 127TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition MILLER, WANDA NAME STREET ADDRESS 15049 SW 127TH COURT STREET ADDRESS 200 NE. 12 AV. Lot 25 CITY-ST-ZIP MIAMI FL CITY-ST-7IP Homestead, FL 33030 ☐ Delete TITLE Change Addition TRETO, ANGEL H. JR. NAME 220 NE 12 Av. Lot 21 Homestead,FL 33030 12778 SW 146 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition 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 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 with an. address, with all other like empowered

SIGNATURE:

the obligations of registered agent.

SIGNATURE