


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (FS)

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-03-2005 90026 030 ****55.00

DOCUMENT # L03000051072 1. Entity Name MELITA'S CLEANING SYSTEMS, LLC																																																							
Principal Place of Business 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463			Mailing Address 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																				
City & State Zip Country			City & State Zip Country																																																				
4. FEI Number 05-0593679				Applied For <input checked="" type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SOSA, BROWN, ALVA 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Alva Brown</i> <i>Alva Brown</i> DATE																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGR</td> <td>SOSA BROWN, ALVA</td> <td>6346-65 LANTANA RD. 25-C</td> <td></td> </tr> <tr> <td></td> <td></td> <td>LAKE WORTH FL 33463</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR	SOSA BROWN, ALVA	6346-65 LANTANA RD. 25-C				LAKE WORTH FL 33463			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																							

paid by money gram TRAVELERS Express 53845543873