2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000056367

Entity Name: AMERICAMAID CLEANING SERVICE, INC.

FILED Nov 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

Current Mailing Address: New Mailing Address:

13770 SW 145 CT P.O. BOX 161687 MIAMI, FL 33186 US MIAMI, FL 33116 US

FEI Number: 65-1017516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAFFIOLETI DO REIS, LUIZ FABIO D
12193 SW 174 CT
APT 207
MIAMI, FL 33186 US

MAFFIOLETI DO REIS, LUIZ FABIO D
11412 SW 137 PL
MIAMI, FL 33186 US

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.

SIGNATURE: LUIZ FABIO DINIZ MAFFIOLETTI DOS REIS 11/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: MAFFIOLETI DO REIS, LUIZ FABIO D

Address: 12193 SW 124 CT City-St-Zip: MIAMI, FL 33186

Title: D () Delete

Name: DE LIMA DA COSTA, MARIA SANDRA

Address: 12193 SW 124 CT City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAFFIOLETI DO REIS, LUIZ FABIO D

Address: 11412 SW 137 PL City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: DE LIMA DA COSTA, MARIA SANDRA

Address: 11412 SW 137 PL City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ FABIO D MAFFIOLETTI DOS REIS PR 11/01/2006