2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # P00000063602 1. Entity Name 03-08-2005 90178 033 ***150.00 R.A. CLEANING, INC. Principal Place of Business Mailing Address 3355 BALOA CIRCLE WEST NAPLES FL 34105 3355 BALOA CIRCLE WEST NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address ವಿವ69 2269 Queens Wo Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 58-2560422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired US-A Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ NonA-H-6147001 AVOLA, RONALD A Street Address (P.O. Box Number is Not Acceptable 3355 BALOA CIRCLE WEST NAPLES FL 34105 City ples 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. - 3-*05* SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 10. 11. THILE TITLE Change ☐ Addition ☐ Delete Ronald A. Awolo NAME AVOLA, RONALD A NAME 2269 Queens Was 3355 BALOA CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NAPLES FL 34105 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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-ZIP ☐ Defete TITLE Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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.

FILED