2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P00000085066 1. Entity Name 04-14-2004 90079 017 ***150.00 A PEACE OF MIND CLEANING SERVICE, INC. Principal Place of Business Mailing Address 10 FAIRWAY DR 248 NE 5TH AVE 24044004 STE 138 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1040623 Not Applicable 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 Jorge. VASQUEZ VASQUEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 18 NE 2ND AVE **DEERFIELD BEACH FL 33441** CAIRWAY DR. SLe / 38 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. TITLE D ☐ Delete TITLE ☐ Change Addition VASQUEZ, JORGE NAME NAME 10 FAIRWAY DRIVE, SUITE 138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition ERNESTINA, BRACERO NAME STREET ADDRESS 10 FAIRWAY DR., STE #138 STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH FL 33441 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

54-3607587