2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # P00000094494** 1. Entity Name 05-02-2007 90087 037 ***150.00 MARIUS CLEANING SERVICE INC. Principal Place of Business Mailing Address AUTOOOA 2811 CROWN CT. 2811 CROWN CT. DELRAY BEACH, FL 33445 DELBAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10139 ISLE WYND CT > SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number BOYNTON BEACH, FL 65-1043945 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIUS VAPSVA VAPSVA, MARIUS Street Address (P.O. Box Number is Not Acceptable) 2811 CROWN CT. DELRAY BEACH, FL 33445 10139 ISLE WYND CT City BOYNTON BEACH 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. MARIUS VAPSUA Atopa 3/14/07 REG AGENT (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Delete VAPSVA, MARIUS NAME NAME 10139 ISLE WYND CT 2811 CROWN CT. STREET ADDRESS STREET ADDRESS DELBAY BEACH, FL 33445 CITY-ST-ZIP C(TY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attackment with an address, with all other like empowered. PRES. 3/14/07 561-254-1878

TOR Date Dayline Phone # MARIUS VAPSVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE **SIGNATURE:**