5/23 FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 20, 2001 8:00 am **Secretary of State** GENESIS VENUS CARPET CLEANING, IN 05-23-2001 91189 045 ***150.00 Principal Place of Business Mailing Address 205 05 SW 86 CT MIAMI FIA 33189 75096 2. Principal Place of Business 86 cT 20505 SW 20505 Sw 86ct Suite, Apt.-# -etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLA MIAMI 651087016 MIANI Not Applicable 33189 Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Julio HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 20505 SW 86CT MiAMI F/A 33189 Zip Code 8. The above named only submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida. SIGNATURE _ (NOTE Registered Agent signature required when ministring) FILE NOW! FEE IS \$150.00 9. This copposition is eligible to satisfy its Intangible .10. Election Campaign Financing \$5.00_{_May.Be.} After MAY 1, 201 1: Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Make Check Payab oto Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, Oeteta ☐ Addition DILE OWNER TITLE ☐ Change NAME JULIO HERNANDEZ STHEET ADDRESS STREET ADDRESS 20505 SW 86CT MIAMI F/A 33189 CITY - St - ZIP CITY-ST-7/P Delete Change ☐ /ddition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ITLE Addition ☐ Delete IAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS. CITY+ST-ZIP CITY-ST-ZIP ☐ Detete Mddition 10TO F HARM NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP GTIF ☐ Delete TITLE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY ST-7IP CMY-ST-ZIP 13. Thereby dertify that the information supplied with this filing does not qualify to 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 it is signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver of drustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment yet an address, with all other like-empowered.

SIGNATURE: