2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 08:00 AM DOCUMENT # P00000103482 **Secretary of State** Entity Name VALENCIA CLEANING CORP Mailing Address Principal Place of Business 3320 SW 27 STREET MIAMI FL 33133 3320 SW 27 STREET MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-1054710 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 玆 Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name PEREZ, ROSA Street Address (P.O. Box Number is Not Acceptable) 3320 SW 27 STREET MIAMI FL 33133 Zip Code City 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 DATE. Signalure, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. □ Change Addition | Delete TIBE TITLE UDDDDD0451361 NAME PEREZ, ROSA MELANIA NAME STREET ADDRESS 3320 SW 27 STREET STREET ADDRESS MIAMI FL 33133 CHY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TILLE NAMO VALENCIA, JAIRO Maker STREET ADDRESS STREET ADDRESS 3320 SW 27 STREET COTY-ST-ZIP GITY-ST-ZIP MIAMI FL 33133 Delete TITLE ☐ Change Addition 3351.5 MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKTY-ST-ZIP eposó 🗀 ☐ Addition TITLE Defete 33717 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IT ☐ Change Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 🔲 ☐ Delete TITLE 1171.E NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

LOSAM Peroz

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