2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000107746 1. Entity Name D & A CLEANING SERVICES, INC. 05-03-2001 90961 021 ***150.00 Principal Place of Business Mailing Address 2733 JERRY SMITH ROAD 2733 JERRY SMITH ROAD DOVER FL 33527 DOVER FL 33527 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3682932 Not Applicable dnei Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required IJSA 33*587* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANNA-MARIA GRADILLAS RUIZ, ANNA-MARIA Street Address (P.O. Box Number is Not Acceptable) 2733 JERRY SMITH ROAD DOVER FL 33527 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Oelete TITÍ F TITLE Gradilla-s GRADILLAS, DIANNE NAME Smith Road STREET ADDRESS STREET ADDRESS 350 LAKEWOOD DRIVE APT 334 Jerry CITY-ST-ZIP CITY-ST-7IP **BRANDON FL 33510** 🖒 Change ☐ Delete Addition TITLE TITLE NNA-MARIA GRADILLAS RUIS, ANNA-MARIA NAME NAME STREET ADDRESS STREET ADDRESS 2733 JERRY SMITH ROAD CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Change Addition TITLE Delete IVAN DIAZ NAME 1318 - Rine Lake Drive STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attacking it with an address, with all other like empowered.

OFFICER OR DIRECTOR

PRESIDENT