
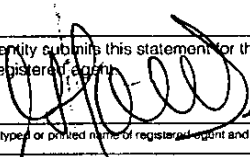
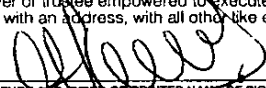


FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 013 ***150 00

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|--|--|---|--|---|--|
| DOCUMENT # P00000113576 | |  | | Secretary of State 01-05-2006 90001 013 ***150.00 | |
| 1. Entity Name OFFICE CLEANING AT YOUR SERVICE, INC. | | | | | |
| Principal Place of Business 4545 NW 7ST STE 11 MIAMI, FL 33126 | | | Mailing Address 4545 NW 7ST STE 11 MIAMI, FL 33126 | | |
| 2. Principal Place of Business | | | 3. Mailing Address 8025 NW 7th | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. # 303 | | |
| City & State | | | City & State MIAMI, FL | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 33126 | | DADE | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SOLANO, GUSTAVO 600 NW 32 PLACE # 509 MIAMI, FL 33125 | | | Name GUSTAVO SOLANO Street Address (P.O. Box Number is Not Acceptable) 8025 NW 7th # 303 City MIAMI, FL Zip Code 33126 | | |
| 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  PRESIDENT GUSTAVO SOLANO DATE 06/03/06 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| P SOLANO, GUSTAVO 600 NW 32 PL # 509 MIAMI, FL 33125 <input type="checkbox"/> Delete | | | P GUSTAVO SOLANO 8025 NW 7th # 303 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| V SOLANO, MIRTHA 600 NW 32 PL # 509 MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  GUSTAVO SOLANO | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |