2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/28/2003-90082-039-$150.00-$150.00

SECRETARY OF STATE DIVISION OF CORPORATIONS
03 JUN -1 AM 11:15

DOCUMENT # P01000007032

1. Entity Name
KRISJOENNA CLEANING SERVICES INC.

Principal Place of Business	Mailing Address
855 EUCLID AVENUE #103 MIAMI BEACH FL 33139	855 EUCLID AVENUE #103 MIAMI BEACH FL 33139

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	855 Euclid Ave. #103
Suite, Apt. #, etc.	Suite, Apt. #, etc. 103
City & State	City & State Miami Beach, FL 33139
Zip / Country	Zip 33139 Country U.S.A.

4. FEI Number 65-1074399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVARES, ENNA 855 EUCLID AVENUE #103 MIAMI BEACH FL 33139	Name Enna Dieppa Street Address (P.O. Box Number is Not Acceptable) 855 Euclid Ave. #103 City Miami Beach FL Zip Code 33139

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 Enna Dieppa 06/09/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD OLIVARES, ENNA 855 EUCLID AVENUE #103 MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Enna, Dieppa 855 Euclid Avenue #103 Miami Beach, FL 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Enna Dieppa President 1-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #