## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT #  1. Entity Name	P01000022687
,	CLEANING SERVICES, INC

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SUITE 5  City Wiami FL Zig Safe  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  Signature, typed or particular and allow a pagin and allow a pagin and allow a pagin and a pagi	P.O. Box Number is Not Acceptable)				Street /					
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  Signature, speed or printed remie of registered signature inspired agent, or both, in the State of Florida.  INOTE. Respictor A your signature required when reinstating?  ONTE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  Sieve criteria on back)  Difficers and Directors  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Make Check Payable to Department of State  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTEL  NAME  SIREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTEL  NAME  SIREET ADDRESS  CITY-ST-ZIP  INTHIS SPACE  SIREET ADDRESS  CITY-ST-ZIP  INTHIS SPACE  SIREET ADDRESS  CITY-ST-ZIP  INTHIS SPACE						ACE	THIS SPA	IN		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed wind of registered agent and life it applicable.  INDTE Registered Agent signature required wind neinbadding)  DATE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Make Check Payable to Department of State  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTE  NAME  STREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  INTHIS SPACE			1	City				' 		
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CITY-ST-ZIP CITY-ST-ZIP  13. Thereby certify that the information supplied with this filling does not qualify for the exemption stead in Section 120 CT/ON INTERIOR.	}			<del></del>	CITY-ST-ZIP	Str	mation cumpling that the	artify that the info	<u>-</u>	

13 indicated on this report or 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 attachment with an address, with all other time empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

805)592-6559