2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 01, 2007 08:00 AM DOCUMENT # P01000034249 **Secretary of State** 1. Entity Name CUSTOM CLEANING GROUP, INC. Principal Place of Business Mailing Address 4868 NE 12 AVE 4868 NE 12 AVE OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 01292007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1093618 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BHEGANI, ASRAF M DO NOT WRITE 4868 NE 12 AVE OAKLAND PARK, FL 33334 IN THIS SPACE 5. 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 access the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable, (NOTE: Redistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be 11000000616130 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 72/07/07-80016-004 150.00 10. OFFICERS AND DIRECTORS TILE NAME **BHEGANI, ASRAF** STREET ADDRESS 4868 NE 12 AVE CITY-ST-ZIP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE

12. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

OICMATURE. .

30/07 954-938-0028