2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P01000036446 1. Entity Name H & M CLEANING SERVICE OF JACKSONVILLE, INC.

FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90085 050 ***150.00

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Zip Country 2:p Country 5: Certificate of Status Desired Sp. 75 Additional Fee Respirator Agent 7: Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent 7: Name an	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
Section Sect	City & State	e	. ,	City & State			4. 1	50-2717177			
DIGIACOMO, HIDELISA 6536 TODD ROAD JACKSONVILLE FL 32246 City FL Zip Code	Zip		Country	Zip	ntry						
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Flonds. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 After May 1; 2004 Fee will be \$550.00 After May 1; 2004 Fee will be \$550.00 Added to Fees ITLE P OBJECT OFFICERS AND DIRECTORS ITLE INC. OFFICERS INC. OFFICERS ITLE INC. OFFICERS INC. OFF		6. Name a	nd Address of Current	Registered Agent]	7. Name and Address of New Registered Agent					
Sire Address (P.O. Box Number is Not. Acceptable) City FL Zip Code				Name							
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. I am Ismatiliar with, and accept the collegations of registered agent. SIGNATURE Signature Signatur	6536	S TODD RO	DAD		Street Address (P.O. Box Number is Not Acceptable)						
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Signature, hower or printed named agent and life it inspired the more disputation and printed agent											
After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE Signature. typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DIGIACOMO, HILDELISA SIREET ADDRESS (6586 TODO RD. CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP. TITLE NAME STREET ADDRESS (CITY-ST-ZIP)	Afte	May 1, 2004	Fee will be \$550.00								
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		cortify that the	information supplied wi	th this filing does not qualify			Section	a 119 07/3Vi). Florida Statutas, Litutbar	pertify that the in	pformation	

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.