FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90235 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072571

1. Entity Name
TOTAL CLEANING ENTERPRISES, INC.

11016718

Principal Place of Business	Mailing Address
3960 COCOPLUM CIR. BLDG. 3656 #D COCONUT CREEK, FL 33066	3960 COCOPLUM CIR. BLDG. 3656 #D COCONUT CREEK, FL 33066

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11203 PACIFICA ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON FL	City & State
Zip: 33467 Country: Palm Beach	Zip / Country

4. FEI Number: 65-1127258 — 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
SERRA, JUAN CARLOS 3960 COCOPLUM CIR. BLDG. 3656 #D COCONUT CREEK, FL 33066	Name Street 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/21/03 DATE
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, 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	P SERRA, JUAN CARLOS 3960 COCOPLUM CIR BLDG 3056 COCONUT CREEK, FL 33066 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SERRA JUAN CARLOS 11203 PACIFICA ST WELLINGTON FL 33467 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] 4/21/03 (561) 204 2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #