FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

| DOCUMENT # P 0/0000 990/8 | | | 05-16-2002 90063 045 ***150.00 | | |
|---|--|--|--|-----|--|
| Quick 'N' | Clean, | Inc. | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 3. Mailing Address 972 Sunny Sle Circle 972 Sunny Tsle Circle Suite, Apt. #, etc. | | | | | |
| Goto, Apt. II, Oto. | | | DO NOT WRITE IN THIS SPACE | | |
| Boca Raton FL. | Doca Ration, | FI. | 4. FELNumber 3748299 Applied F | | |
| 33428 Country USA | 33428 | Country USA | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Name C/ | | | 7. Name and Address of Current Registered Agent | | |
| DO NOT WIDITE | | | 19045 Melo | | |
| IN THIS SPACE | | Street Address | Street Address (P.O. Box Number is Not Acceptable) 9721 Sunny /s/e Circle | | |
| | | 972 | | | |
| City Poca | | | a Raton FL 33428 | . } | |
| 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 printed name of registered agent and in | ired when reinstating) O4 - 26 LO2 IPED TE | _ | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 Fee is \$150.00 | DATE DATE | | |
| Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 | | 10. Election Campaign Financing \$5.00 May | | | |
| Make Check Payable to De | | | Trust Fund Contribution. Added to Feet | s | |
| 11. OFFICERS AND DIRECTORS | | | | | |
| Wille Jeldane Mola | | TITLE | | | |
| NAME 6 AQYS 1900 ISIA CILL | | NAME | | [] | |

STREET ADDRESS | 4721 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Me/o, 4-26-02

-561-479-

Daytime Phon