2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 04, 2005 8:00 am Secretary of State DOCUMENT # P02000013812 05-04-2005 90183 047 ***150 00 1. Entity Name L.S. CLEANING MAINTENANCE, CORP. Principal Place of Business Mailing Address 50048254 2806 23RD ST. EAST 2806 23RD ST. EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Lane 3351 6149 46 Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-P CR2E034 (10/03) City & State SARA City & State 4. FEI Number Applied For BRAdentor 03-0387406 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34203 eevo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LU15-E olana. SOLANATUUS E Street Address (P.O. Box Number is Not Acceptable) 2806 23RD ST. EAST BRADENTON, FL 34208 Lane 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Solana Wis E 6149 46th Lane E **⊠** Change ☐ Addition NAME SOLANA, LUIS E NAME STREET ADDRESS 2806 23RD ST. EAST STREET ADDRESS CiTY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP Bradenton Fla. 34203 TITLE ☐ Delete TITLE SVD Change ☐ Addition Rodriguez, Ana 6149, 46th Lane RODRIGUEZ, ANA C NAME NAME STREET ADDRESS 2806 23RD ST. EAST STREET ADORESS CITY - ST - ZIP BRADENTON, FL 34208 CITY-ST-ZIP Bradenton TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and flourate 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 addiress with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

FILED

(941) 737-47*5*9