

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED


03 OCT 24 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702000036595

1. Entity Name

Golden cleaning Solutions INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12045 S.W 14 Street Suite, Apt. #, etc. 106 Building City & State Pembroke Pines, FL Zip 33025 Country USA		3. Mailing Address 12045 S.W 14 Street Suite, Apt. #, etc. 106 Building City & State Pembroke Pines, FL Zip 33025 Country USA	
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500023799025
10/15/03--010045--0072--**550.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0419614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jose R. MAZARIEGOS

Street Address (P.O. Box Number is Not Acceptable)
12045 S.W 14 Street

City
Pembroke Pines FL Zip Code
33025

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 /s/ M. M. Jose R. Mazariegos DATE 10/3/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Jose R. MAZARIEGOS 12045 SW 14 Street Pembroke Pines, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500023799025 10/24/03 01046--008 **200.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: /s/ M. M. Jose R. Mazariegos DATE 10/3/03 (786) 208-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

9/10/25