2007 FOR PROFIT CORPORATION

Apr 20, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000039322 04-20-2007 90198 010 ***150 00 1. Entity Name PRESSURE WASHING & CARPENTRY, INC. Principal Place of Business Mailing Address 160 NORTHWEST 33RD STREET 160 NORTHWEST 33RD STREET 50001367 MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-3643701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ÞТЬ ☐ Delete TITLE ☐ Change ☐ Addition NAME VAZQUEZTELL, MANUEL JR. NAME STREET ADDRESS 160 NORTHWEST 33RD STREET REAR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition VAZQUEZTELL, LUZ M NAME NAME STREET ADDRESS 160 NORTHWEST 33RD STREET REAR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone 6

☐ Change

■ Addition

FILED