2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # P02000049126 NATIONWIDE CLEANING SERVICES, INC. Principal Place of Business Mailing Address 9506 SO. RED ROAD 9506 SO, RED ROAD MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 02112004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0684295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent OESTERLE, DOUGLAS W DO NOT WRITE 9506 SO. RED ROAD MIAMI, FL 33156 IN THIS SPACE 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. 2/8/04 SIGNATURE a name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAURENZANO, MICHAEL J NAME STREET ADDRESS 10855 SE PINEGROVE STREET U000000067770 CITY - ST-ZIP TEQUESTA, FL 33469 02/27/04-80012-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Daytime Phone #

FILED