FILED May 22, 2003 8:00 am Secretary of State 04-30-2003 90072 019 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000053611							
BARON CLEANING SERVICES CORP.					eo ^{ti}		
DO NOT WRITE IN THIS SPACE					55043123		
2. Principal	Place of Business A NE 57 TH CT	3. Mailing Address 311-ANE	57 M C	· ·			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPA	ACE .	
FORT LAUDERDALE, & FORT LAUDERDALE, & FORT LAUDER					74-3043414	Applied For Not Applicable	
333	34 Country SA	33334	Country		Fee	.75 Additional Required	
		and the second of the second o	Name_	7. Name and Address of Current Registered Agent NRHA MORALES			
}	DO NOT W		Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			311 A NE STOT				
						Zip Code 33334	
8. The above named entities thomats this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Squature typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when hainstaking) OATE							
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be							
(See criteria on back) Amended UBR is \$61.25 Make Check Payable to Department of State							
11,	OFFICERS AND C	·	TILE				
NAME STREET ADDRESS	MITTA MOTALES 311-A NE STIHO Bot Lauderaale,	,	NAME STREET ADDRESS		•	(12)	
CITY-ST-ZIP	Fort Lauderdale	2 33334	CITY-ST-ZIP			CR2E034B (12/01)	
TITLE NAME			TITLE NAME			742	
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP	 			
NAME	and the same of th		NAME	in, and statement	A STATE OF THE PARTY OF THE PAR		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	, D	O NOT WRITE	E**.	
TITLE			TITLE	11	N THIS SPACE	=	
NAME STREET ADDRESS			NAME STREET ADDRESS	. 43		7	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME			TITLE	. *	·		
STREET ADDRESS - THE STREET ADDRESS			STREET ADDRESS				
TITLE			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
NAME			NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	الان الله الله الله الله الله الله الله		
STREET ADORESS CITY-ST-ZIP		# * * · ·	STREET ADDRESS CITY-ST-ZIP	-31	· · · · · · · · · · · · · · · · · · ·		
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	is filing does not quality for the ue and accurate and that my s	exemption stated	d in Section 119.07(3) re the same legal effect	(i), Florida Statutes. I further certify that as if made under path; that I am en	at the information officer or director	
13. I hereby certify that the information supplied with this filling 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 truestee 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 of the corporation of the corp							
SIGNATURE: \(\alpha \) 4/14/03							