2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State 05-03-2006 90216 003 ***158.75 DOCUMENT # P03000018021 GIANT CLEANER SERVICE, INC. 40081474 Principal Place of Business Mailing Address 2750 NE 7TH TERRACE 2750 NE 7TH TERRACE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04282006 Cha-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 80-0055405 Not Applicable Zip Country 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 CORRADI, BRAULIA H Street Address (P.O. Box Number is Not Acceptable) 2750 NE 7 TERRACE POMPANO BEACH, FL 33064 SIII NW 43rd. Avenue 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 registered agent. BRAULIA H. CORRADI PRESIDENT 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** Change Addition TITLE ☐ Delete TITLE CORRADI, BRAULIA H TIMALE SIII NW 43rd. Avenue 2750 NE 7TH TERRACE STREET ADDRESS STREET ADDRESS Coconut Creek, FL 33073 POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-7iP ☐ Delete HILE CORRADI, BRAULIA H NAME NAME 5/11 NW 4rd. Avenue STREET ADDRESS 2750 NE 7TH TERRACE STREET ADDRESS COCONUT Creek FL 33073 CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 frue 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.

CITY-ST-ZIP

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