
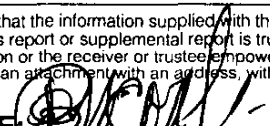


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

40100260



<b>DOCUMENT # P03000018021</b>		<b>Secretary of State</b> 05-02-2007 90082 049 ***158.75	
1. Entity Name <b>GIANT CLEANER SERVICE, INC.</b>			
Principal Place of Business <b>2750 NE 7TH TERRACE POMPANO BEACH, FL 33064</b>		Mailing Address <b>2750 NE 7TH TERRACE POMPANO BEACH, FL 33064</b>	
2. Principal Place of Business - No P.O. Box # <b>5111 N.W. 43RD AVENUE Suite, Apt. #, etc. POMPANO BEACH, FL City &amp; State</b>		3. Mailing Address <b>5111 N.W. 43RD AVENUE Suite, Apt. #, etc. POMPANO BEACH, FL City &amp; State</b>	
Zip <b>33073</b>		Country <b>US</b>	
Zip <b>33073</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>CORRADI, BRAULIA H 5111 NW 43RD AVENUE POMPANO BEACH, FL 33073</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PVST CORRADI, BRAULIA H 5111 NW 43RD AVENUE POMPANO BEACH, FL 33073			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D CORRADI, BRAULIA H 5111 NW43RD AVENUE POMPANO BEACH, FL 33073			
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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.			
SIGNATURE:  <b>Braulia Corradi</b>		04/27/07 954-429-8589	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	