


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000057400		
1. Entity Name ACTION CLEANING, INC.		

FILED

05 FEB 25 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



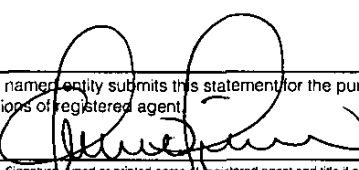
02172005 REIN-P CR2E098 (6/04)

Principal Place of Business 5695 N.W. 84TH AVENUE MIAMI, FL 33166		Mailing Address 5695 N.W. 84TH AVENUE MIAMI, FL 33166	
2. Principal Place of Business 6912 NW 174 TERRACE Suite, Apt. #, etc. S-102		3. Mailing Address P.O BOX 172124 Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33015	Country U.S.A	Zip 33017-2124	Country U.S.A

4. FEI Number 58-2670874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINEDA, ALVARO 5695 N.W. 84TH AVENUE MIAMI, FL 33166		7. Name and Address of Now Registered Agent Name ALVARO PINEDA Street Address (P.O. Box Number is Not Acceptable) 6912 NW 174 TERRACE #S-102 City HIALEAH FL Zip Code 33015	
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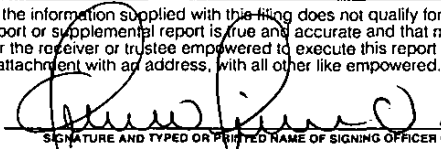
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  ALVARO PINEDA 2/17/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PINEDA, ALVARO 5695 N.W. 84TH AVENUE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALVARO PINEDA 6912 NW 174 TERRACE HIALEAH, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200047929642 03/08/05--01023--007 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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:  ALVARO PINEDA 2/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #