2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P03000063815

Entity Name: JOAO FILHO AND SILVIANE GARCIA CLEANING SERVICES, INC

Current Principal Place of Business:

3201 BELLE SHADOW LN
TAMPA, FL 33634

New Principal Place of Business:

5608 HARBORSIDE DRIVE
TAMPA, FL 33615

Current Mailing Address:

3201 BELLE SHADOW LN
TAMPA, FL 33634

New Mailing Address:

5608 HARBORSIDE DRIVE
TAMPA, FL 33615

FEI Number: 04-3761097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILHO, JOAO
3201 BELLE SHADOW LN
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

FILHO, JOAO
5608 HARBORSIDE DRIVE
TAMPA, FL 33615 US

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.

SIGNATURE: 05/02/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FILHO, JOAO
Address: 3201 BELLE SHADOW LN
City-St-Zip: TAMPA, FL 33634

Title: VP ( ) Delete
Name: GARCIA, SILVIANE
Address: 3201 BELLE SHADOW LN
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FILHO, JOAO
Address: 5608 HARBORSIDE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Change ( ) Addition
Name: GARCIA, SILVIANE
Address: 5608 HARBORSIDE DRIVE
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAO GARCIA FILHO P 05/02/2005
Electronic Signature of Signing Officer or Director — Date