MONEY ORDER #08.

FILED Apr 25, 2006 8:00 am

Secretary of State

04-12-2006-305-470-30/6

2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

04-25-2006 90108 038 ***150.00 DOCUMENT # P03000070592 J.V.C. CLEANING, CORP. Mailing Address 40061806 Principal Place of Business P.O. BOX 110307 32 E 11 ST HIALEAH, FL 33011 HIALEAH, FL 33010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 43-2020426 Not Applicable 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 VALLE, YADER J Street Address (P.O. Box Number is Not Acceptable) 32 E 11 ST HIALEAH, FL 33010 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Defete PD TITLE ☐ Change ☐ Addition VALLE, YADER J NAME NAME STREET ADDRESS STREET ADDRESS 32 E 11 ST CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-S1-ZIP CITY-ST-ZIP Defete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11114 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR