2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 8:00 am Secretary of State DOCUMENT # P03000076790 02-02-2004 90010 019 ***158.75 HAPPY HOME PRESSURE CLEANING, INC. Principal Place of Business Mailing Address 24005232 2724 LINCOLN STREET 2724 LINCOLN STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 1369579 Not Applicable 5. Certificate of Status Desired \$8.75 Addit Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWIDERSKI, STANLEY G ESQ. Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET **SUITE 212** HOLLYWOOD, FL 33021 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: 11. PVSD ☐ Change ☐ Addition TITLE ☐ Defete TOLE TANZOLA, TONY JR. NAME STREET ADDRESS 2724 LINCOLN STREET STREET ARIDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED