2007 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Mar 27, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P03000078673** 03-27-2007 90006 035 ***150.00 Entity Name COMMERCIAL CLEANING CORP. Principal Place of Business Mailing Address 5255 62ND ST N 5255 62ND ST N 209 209 KENNETH CITY, FL 33709 KENNETH CITY, FL 33709 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) Applied For 4 FEI Number City & State City & State 43-2030434 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, JOAN F Street Address (P.O. Box Number is Not Acceptable) 5255 62ND ST N 209 KENNETH CITY, FL 33709 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD □ Delete TITLE Change Addition TITLE SULLIVAN, JOAN F NAME NAME 5255 62ND STREET NORTH, #209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KENNETH CITY, FL 33709 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE RODRIGUEZ, RICARDO NAME NAME STREET ADDRESS 2607 W MOHAWK AVE STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MELILLO, GERALD R SR. NAME NAME STREET ADDRESS 6232 33RD. AVE NORTH STREET ADDRESS ZIP CODE 33710 CITY-ST-7IP SAINT PETERSBURG, FL (3716) CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

Addition

12. Thereby 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.

CITY-ST-ZIP

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MAME STREET ADDRESS

☐ Delete