2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

RE AND TYPED OR PRI

## Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P03000086438 1. Entity Name 03-15-2004 90093 021 \*\*\*158.75 ULTIMATE CLEANING PROFESSIONALS, INC. Principal Place of Business Mailing Address 7221 RAMONA STREET MIRAMAR FL 33023 7221 RAMONA STREET MIRAMAR FL 33023 **94029780** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 33-1066642 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATTOO, HAROLD D Street Address (P.O. Box Number is Not Acceptable) 7221 RAMONA STREET MIRAMAR FL 33023 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 regit AROLD ANATTO SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TETT F NATTOO, HAROLD D NAME NAME 7221 RAMONA STREET STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NATTOO, SANDRA P NAME STREET ADDRESS 7221 RAMONA STREET STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplier ental 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 received 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

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