2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000115382 NICE CLEANING & PAINTING INC. Mailing Address Principal Place of Business 916 LAKESHORE RANCH DRIVE 913 LAKESHORE RANCH SEFFNER, FL 33584 SEFFNER, FL 33584

FILED Apr 27, 2007 08:00 A Secretary of State



04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1207156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACEVEDO, NURIA DO NOT WRITE 12611 TOUCHTON DRIVE IN THIS SPACE APT, 116 **TAMPA, FL 33617** 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ACEVEDO, NURIA NAME 916 LAKESHORE RANCH DR STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 TITLE ACEVEDO, GUSTAVO NAME 916 LAKESHORE RANCH STREET ADDRESS City-St-ZIP SEFFNER, FL 33584 TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213-870-1440