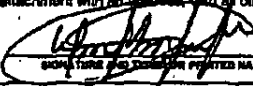


4/30/

FILED
Jun 22, 2004 8:00 am
Secretary of State

04-30-2004 90264 008 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000144941			
1. Entity Name W. LOPEZ PRESSURE CLEANING, INC.			
Principal Place of Business 4251 NW 5TH STREET #19 PLANTATION, FL 33317 US		Mailing Address 4251 NW 5TH STREET #19 PLANTATION, FL 33317 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1269 SW 24TH AVE. City & State Fort Lauderdale Florida Zip 33312		Suite, Apt. #, etc. 1269 SW 24TH AVE. City & State Fort Lauderdale Florida Zip 33312	
4. FEI Number 20-0442644		Applied For Not Applicable	
5. Additional Fee Required \$8.75		6. Additional Fee Required \$8.75	
8. Name and Address of Current Registered Agent LOPEZ, WILMAR 4251 NW 5TH STREET #19 PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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, printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when registering)			
10. FILE NOW!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		11. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, WILMAR 4251 NW 5TH STREET #19 PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or other like empowered.			
SIGNATURE: 		4-26-4 (754) 246-8631	
SHOW TIME AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	