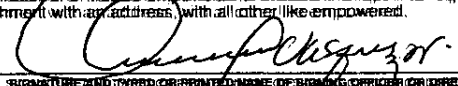


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90760 017 ***150.00

DOCUMENT # P04000004649 1. Entity Name SOUTH FLORIDA CLEANING, INC.																																															
1. Principal Place of Business 1644 SUNBURST WAY KISSIMMEE, FL 34744			2. Mailing Address 1644 SUNBURST WAY KISSIMMEE, FL 34744																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		Zip																																											
Country		Country		4. FBI Number 02-0677678																																											
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																											
6. Name and Address of Current Registered Agent VASQUEZ, RAMON 1644 SUNBURST WAY KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D VASQUEZ, RAMON 1644 SUNBURST WAY KISSIMMEE, FL 34744</td> <td style="width:20%; text-align: right;">☐ Delete</td> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>D VASQUEZ, OLGA 1644 SUNBURST WAY KISSIMMEE, FL 34744</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>D GARCIA, ERICA 1644 SUNBURST WAY KISSIMMEE, FL 34744</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D VASQUEZ, RAMON 1644 SUNBURST WAY KISSIMMEE, FL 34744	☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE	D VASQUEZ, OLGA 1644 SUNBURST WAY KISSIMMEE, FL 34744	☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE	D GARCIA, ERICA 1644 SUNBURST WAY KISSIMMEE, FL 34744	☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE		☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE		☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE		☐ Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, 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:  4-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															