2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 06, 2005 8:00 am Secretary of State DOCUMENT # P04000031283 1. Entity Name 05-06-2005 90096 024 ***155.00 VASILICA CLEANING, INC Principal Place of Business Mailing Address 4989 SPARKLING CIR PINES 4989 SPARKLING CIR PINES FT PIERCE FL 34951 FT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address 1245 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number 0805482 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAICEANU, VASILICA Street Address (P.O. Box Number is Not Acceptable) 4989 SPARKLING CIR PINES FT PIERCE FL 34951 City 8. The above named entity suprime 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, typed or 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, 2005 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. TITLE TITE F ☐ Delete Change Addition Baiceanu, Marian BAICEANU, VASILICA NAME NAME 1245 25th STREET ADDRESS 4989 SPARKLING CIR PINES STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34951 CITY-ST-ZIP Vero Beach, Fl, 32968 TITLE ☐ Delete TITCE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS Veno Beach CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P 12. I hereby certify that the information supplied with this filing 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 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.

FILED