2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000050747 1. Entity Name 05-08-2006 90283 044 ***150.00 AMERICAN GROUT AND TILE CLEANING, INC. Principal Place of Business Mailing Address 8106 SW 23RD CT. 8106 SW 23RD CT. NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 60 SW 91st Ave 60 Swalst Ave Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 30S S 4. FEI Number Applied For City & State 26-0110914 Vartation Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, PAUL Street Address (P.O. Box Number is Not Acceptable) 8106 SW 23RD CT. NORTH LAUDERDALE FL 33068 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. 4-24-06 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$5\$0.00 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 ☐ Defete TITLE Change Addition THIE NAME NAME GARCIA, PAUL STREET ADDRESS 8106 SW 23RD CT. STREET ADDRESS CUY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change SANCHEZ, REINA NAME STREET ADDRESS STREET ADDRESS 8106 SW 23RD CT. City-ST-7IP NORTH LAUDERDALE FL 33068 ---- Dielete Chance ☐.Addition mice NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Delete ☐ Change Addition TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change HITLE Delete Addition 🗀 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED