2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 23, 2005 8:00 am Secretary of State **DOCUMENT # P04000056286** 04-22-2005 90286 046 ***150.00 1. Entity Name CANOS PRESSURE CLEANING, INC. Principal Place of Business Mailing Address ee018707 908 S. N STREET 908 S. N STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) 4. FEI Numb City & State City & State Applied For Not Applicable Zip Country Country \$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 Name LAGOS, SANDRA Street Address (P.O. Box Number is Not Acceptable) 908 S. N STREET LAKE WORTH, FL 33460 City 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 SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ĎΡ Delete TITLE TITLE Change Addition CANO, ELVIN NAME NAME 908 S. N STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP DVP Delete TITLE TITLE Change ■ Addition CANO, HECTOR MALLE NAME STREET ADDRESS 1004 13TH STREET N STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE -Delete TITLE — Change — Addition CANO, JULIO NAME NAME STREET ADDRESS 1004 13TH STREET N STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY ST ZIP Delete ши TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7/P October TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-71P 12. Thereby certify that the information supplied with this fliing 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.

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