2007 FOR PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000084929** 04-26-2007 90235 023 ***150.00 DANNY BOAT & CAR CLEANING, INC Principal Place of Business Mailing Address 13825 SW 88 TH ST 12476 SW 122 ST 120 MIAMI, FL 33186 MIAMI. FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3941 Sw 105 st Suite, Apt. #, etc. 3941 Suite, Apt. #. etc. 04152007 Chg-P CR2E034 (12/06) City & State City & State Applied For **NOT APPLICABLE** j & 200) HI DOD! Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, NESTOR D SR Street Address (P.O. Box Number is Not Acceptable) 12476 SW 122 ST MIAMI, FL_33186 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete MLE ☐ Addition TITLE ☐ Change DIAZ, NESTOR D SR NAME NAME STREET ADORESS 12476 SW 122 ST STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP VΡ TTELE Delete me ☐ Change ☐ Addition DIAZ, NESTOR I JR NAME NAME STREET ADDRESS 12476 SW 122 ST STREET ADDRESS MIAMI, FL 33186 CITY-ST-7IP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition IME IIILE DIAZ, NICOLAS DANIEL NAME NAME 12476 SW 122 ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete me IME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TIME ☐ Delete MLE Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

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04 20 07 (186)4578185