2006 FOR PROFIT CORPORATION

Apr 07, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000105662 04-07-2006 90035 030 ***150.00 1. Entity Name PORTILLO PRESSURE WASHING, INC. Principal Place of Business Mailing Address 50009871 9080 SAN CARLOS BLVD. 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03132006 Chg-P Applied For 4. FEI Number City & State City & State 20-1333443 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name PORTILLO, WILMER Y. Street Address (P.O. Box Number is Not Acceptable) 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change PSD TITLE TITLE ☐ Delete NAME PORTILLO, WILMER Y NAME STREET ADDRESS 9080 SAN CARLOS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Addition ☐ Change TITLE VPD ☐ Defete TITLE PORTILLO, JUAN PIO NAME NAME STREET ADDRESS STREET ADDRESS 2310 MAPLE AVE - # 101 CITY-ST-ZIP CITY-ST-7IP FT MYERS, FL 33901 ☐ Addition Change ☐ Delete TITLE TITLE NAME LOPEZ, JOSE EUSEBIO 2310 MAPLE AVE - # 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 33901 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: XWITMEN Y. PO VEILO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED