## FILED Apr 14, 2006 8:00 am Secretary of State

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000110918  1. Entity Name LIMONAR CLEANING SERVICES, INC.							04-14-2006 9	90155 003 ***15	50.00	
Principal Plac 14544 S.W. MIAMI, FL 3	174TH TERRACE	Mailing Address 601 N.W. 42ND AVENUE APT. A-607 PLANTATION, FL 33317 US								
2. Principal Place of Business 7000 NW 1775 Treet 7000 NW 17					reef	}    <b>    </b>				
Suite, Apt. (( )) ( Gity & Stat	+ K-104	Suite, Apt. #, etc.  Unit   City & State				04092006	Chg-P	CR2E034 (11/05	·	
Hca Zip	Ceah LAKE	HIA CEAH LAK			Ls.	4. FEI Numb 03-054			Applied For Not Applicable	
330		33015	Ü	DZ		<u> </u>	of Status Desired	S8.75 A		
MUNOZ, FARLEY					7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name					
601 N.W. 42ND AVENUE APT. A-607					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33317					Unit K-104					
0 Th				City H 1	AL	ea H o	LAKEJ	FL Zigg	3015	
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 X Parature, type the printed game of regulated agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  OATE										
FILE NOWIII FÉE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND D		11.					CERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS	P,T MUNOZ, FARLEY 601 N.W. 42ND AVENUE	Delete	NAME		700	1002, F	N 177	Change Stopeet	1	
CITY-ST-ZIP	PLANTATION, FL 33317			ST-ZIP	UN	11+1	-104/	Street	LAKON	
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STREET ADDRESS City-St-Zip				T ADDRESS ST-ZIP						
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 of Supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the rectangle 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 who an address, with all other like empowered.										
SIGNATURE: x 4/10/06										

E OF SIGNING OFFICER OR DIRECTOR