2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P04000120390 04-17-2006 90388 013 ***150.00 1. Entity Name SHINE BRILLIANT CLEANING SERVICE INC. Mailing Address Principal Place of Business 607 SE 25TH LANE 607 SE 25TH LANE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04122006 Cha-P 3413 3413 SW 300 4. FEI Number Applied For 20-1518923 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USECHE, ARELIS A **607 SE 25TH LANE** CAPE CORAL, FL 33904 151 8. The above named epitty submits, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of egistered 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. TITLE ☐ Delete TITLE USECHE, ARELISA. USECHE, ARELIS A 🐾 NAME NAME . Sw 137 Ave. STREET ADDRESS 607 SE 25TH LANE STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete SEC TITLE FERMIN, SADY A NAME NAME STREET ADDRESS STREET ADDRESS 2828 SANTA BARBARA BLVD.APT# 2 CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP ☐ Change Addition 🔀 Delete TITLE VΡ TITLE NAME USECHE, JUAN C NAME STREET ADDRESS STREET ADDRESS 2828 SANTA BARBARA BLVD APT # 2 CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED