2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # P04000149367 1. Entity Name LUCY'S PROFESSIONAL CLEANING SERVICE, INC. Principal Place of Business Malling Address P.O. BOX 823265 16363 NW 16TH STREET PEMBROKE PINES, FL 33082 PEMBROKE PINES, FL 33028 CR2E034 (11/05) 01102008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FET Number 20-1818123 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent GONZALES, MARCOS A P.A. DO NOT WRITE 100 ALMERIA AVE SUITE 360 IN THIS SPACE MIAMI, FL 33134 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or preted name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE U00000472222 03/29/06-80028-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PSTD TITLE RODRIGUEZ, JOSE A NAME STREET ADDRESS 16363 NW 16TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7771.E IN THIS SPACE NAME STREET ADDRESS

12. I hotoby certify that the information supplied with this filting 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 tho receive for mysee 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 fifth an officers, with all other like empowered.

SIGNATURE:

C17Y-S7-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

JOSE A. NODRIGOTI

03/14/06

954-430-8012

Daysme Phone 6

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