2006 FOR PROFIT CORPORATION

Apr 12, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-12-2006 90074 004 ***158.75 **DOCUMENT # P05000009528** 1. Entity Name IBIS CLEANING SERVICES, INC. Principal Place of Business Mailing Address 9015 BANQUET WAY 9015 BANQUET WAY LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 20-2199283 Not Applicable Zip Country Country \$8.75 Additional M 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIRABAL, LORENA I 9015 BANQUET WAY Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33467 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE Change ☐ Addition ☐ Belete NAME MIRABAL, LORENA I NAME 9015 BANQUET WAY STREET ADDRESS STREET ADORESS CITY-ST-21P LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition MIRABAL, PABLO A NAME NAME STREET ADDRESS 9015 BANQUET WAY STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TILE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

☐ Delete

04/04/06

201-1441

☐ Change

■ Addition

FILED