


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 046 ***150.00

DOCUMENT # P05000022363	
1. Entity Name COL-U.S.A. CLEANING SERVICES INC.	

Principal Place of Business 10024 WINDING LAKE RD 103 SUNRISE, FL 33351	Mailing Address 10024 WINDING LAKE RD 103 SUNRISE, FL 33351
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2. Principal Place of Business 10024 winding lake Rd #103 Suite, Apt. #, etc. 103 City & State Sunrise, FL Zip 33351 Country U.S.	3. Mailing Address 10024 winding lake Rd Suite, Apt. #, etc. 103 City & State Sunrise, FL Zip 33351 Country U.S.
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01062008 Chg-P CR2E034 (11/05)

4. FEI Number 20-2316039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUENAHORA, FERNANDO 7630 NW 73 TER. TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name Fanny Martinez Street Address (P.O. Box Number is Not Acceptable) 10024 winding lake Rd #103 City Sunrise FL Zip Code 33351
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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: *Fanny Martinez* **Fanny Martinez (President)** **02/09/06**
(NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MARTINEZ, FANNY STREET ADDRESS 10024 WINDING LAKE RD #103 CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE V. P. NAME William Martinez STREET ADDRESS 10024 winding lake Rd #103 CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Fanny Martinez* **Fanny Martinez (P.)** **02/09/06** **954 608 1246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #