2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P05000027592 04-07-2006 90026 048 ***150.00 E & S BUILDING SERVICE CLEANING, INC. Principal Place of Business Mailing Address 4 ሀህን ບໍ່ 42 NW 69 ST 42 NW 69 ST FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 1 St TERRACE 5281 NE 5281 NE 121 TEPPACE Suite; Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 36-4570085 OAKLAND PARK OAKLAND PARK Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33334-1680 USA Fee Required () 5 () 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOGUERA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 42 NW 69 ST FT LAUDERDALE, FL 33309 Zip Code 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NOGUERA, FERNANDO NAME 42 NW 69 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP D TITLE ☐ Delete TELL ☐ Change ☐ Addition NOGUERA, MARIA FERNANDA NAME NAME STREET ADORESS 42 NW 69 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP जग ह Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

SIGNATURF: