2007 FOR PROFIT CORPORATION

Apr 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-02-2007 90075 014 ***150.00 DOCUMENT # P05000029363 VERÓ CLEANING CORP 411146313 Principal Place of Business Mailing Address **POINT WEST WAY POINT WEST WAY** 1664 1664 VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) City & State City & State Applied For 4. FFI Number 20-2424404 Not Applicable Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ-BERGNES & ASSOCIATES PA Street Address (P.O. Box Number is Not Acceptable) 7490 WEST FLAGLER STREET MIAMI, FL 33144 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 tide 4 applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE ☐ Change ___ Addition GUTIEREZ, MARIA E NAME MAME STREET ADORESS POINT WEST WAY STREET ADDRESS CITY-SY-ZP VERO BEACH, FL 32966 CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change Addition MANRIQUE, RODRIGO NAME. STREET ADDRESS POINT WEST WAY STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Chance Addition NAME MANRIQUE, ALEJANDRO NAME STREET ADDRESS POINT WEST WAY STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition HALE MANRIQUE, CATHERINE MALAF STREET ADDRESS POINT WEST WAY STREET ADDRESS CRY-51-712 VERO BEACH, FL 32966 CITY-ST-ZIF DILE ☐ Delete ☐ Change RNE ☐ Addition STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

CITY-ST-7P

E OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 200 172 6960067

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