2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 29, 2006 8:00 am Secretary of State DOCUMENT-# P05000040994 1. Entity Name 08-29-2006 90005 013 ***150.00 SUPERIOR TOTAL CLEANING, INC. Principal Place of Business Mailing Address 2119 46TH ST. SW NAPLES FL 34116 2119 46TH ST. SW NAPLES FL 34116 2. Principal Place of Business 2119 46 57 3. Mailing Address SW Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Nurnber 043809096 Applied For City & State City & State NARGI Not Applicable Country US A \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY RD. QUINCY FL 32351 City 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 agen (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP Delete TITLE ☐ Change ☐ Addition TITLE ALVAREZ, PETER NAME NAME 2119 46TH ST. SW STREET ADDRESS STREET ADDRESS NAPLES FL 34115 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE GARATEJO, OSCAR NAME 2119 46TH ST. SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZEP CITY-ST-77P ☐ Change Addition TITLE DHE SZTI ZZÁVE NE LOPEZ, JASHUA NAME NAME 2119 46TH ST. SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Delete TITLE 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 effect like empowered.

SIGNATURE:

FILED