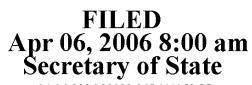
2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P05000078702 1. Entity Name OLIMPIA CLEANING SERVICES, INC.						04-06-2006 90022 045 ***158.75			
Principal Place of Business 2631 SW 19 STREET FT. LAUDERDALE, FL 33312 US		Mailing Address 2631 SW 19 STREET FT. LAUDERDALE, FL 33312		US		50009530			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03232006	Chg-P ,	CR2E034 (11/05)	
City & State		City & State				4. FEI Number 20 - 2	2990319	A	pplied For ot Applicable
Zip	Country	Zip Cour		гу		5. Certificate	of Status Desired	\$8.75 Ad Fee Require	
6Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered Agent	= -:
VILLANO, ADRIANA 2631 SW 19 STREET FT. LAUDERDALE, FL 33312				Name Street Address (P.O. Box Number is Not Acceptable)					
			-	City				FL Zip Coo	de
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 renstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	····	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLANO, JASON R 1841 NW 33 COURT OAKLAND PARK, FL 33309	Delete	NAME STREET	T ADDRESS	263	ANA VILLI 1 SW 19	ST	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete T		TITLE		FORT LANDERDALE FL 333 VASON VILLAND 2631 SW 19 ST FORT LANDERDALE FL 33		-/-	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	Addition

I nereby 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 ampowered 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 addless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA VILLANO

954 446 5886 Daytime Phone #