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May 01, 2006 8:00 am
Secretary of State

04-14-2006 90140 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000104765

1. Entity Name
JACOB'S CLEANING CORP

Principal Place of Business	Mailing Address
3555 W. ATLANTIC BLVD 504 POMPANO BEACH, FL 33069	3555 W. ATLANTIC BLVD 504 POMPANO BEACH, FL 33069

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1256 S. Military trail		1256 S. Military trail	
Suite, Apt. #, etc.: #915		Suite, Apt. #, etc.: #915	
City & State: Deerfield Beach		City & State: Deerfield Beach	
Zip: 33442	Country: U.S.A	Zip: 33442	Country: U.S.A

4. FEI Number 20-3235129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINCAPIE, MARLY 3555 W. ATLANTIC BLVD 504 POMPANO BEACH, FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T HINCAPIE, MARLY 3555 W. ATLANTIC BLVD, APT. 504 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S PINA, ADRIANA 5510 N.W. 61 STREET, APT.103 COCONUT CREEK, FL 33073	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. S. Hincapie German 1256 S. Military trail #915 Deerfield Beach 33442.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______ (signature) 4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #