2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 Al Secretary of State **DOCUMENT # P06000004027** 1. Entity Name ADR CLEANING AND MAINTENANCE INC. Principal Place of Business Mailing Address 1075 WEST 68TH ST #415 1075 WEST 68TH ST #415 HIALEAH, FL 33014 HIALEAH, FL 33014 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 01142008 No Chg-P Applied For 4. FEI Number Not Applicable 13-4317849 \$8.75 Additional Fee Required DONOTWRITE 6. Name and Address of Current Registered Agent RODRIGUEZ, ANDRÉS D INTHIS SPACE 1075 WEST 68TH ST #415 HIALEAH, FL 33014 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees DO NOT WRITE 10. OFFICERS AND DIRECTORS TITLE NAME RODRIGUEZ, ANDRES D STREET ADDRESS 1075 WEST 68TH ST #415 CITY-ST-ZIP HIALEAH, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE THI NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 305-5420054

FILED