


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90207 004 ***150.00

DOCUMENT # P06000085693 1. Entity Name COUNTRY WALK CLEANING SERVICES INC.	
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Principal Place of Business 11200 SW 157TH STREET MIAMI, FL 33157 US	Mailing Address 11200 SW 157TH STREET MIAMI, FL 33157 US
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2. Principal Place of Business - No P.O. Box # 23445 SW 112 CT	3. Mailing Address 23445 SW 112 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



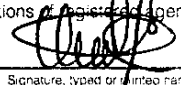
04162007 Chg-P CR2E034 (12/06)

City & State Homestead FL	City & State Homestead FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33032	Country USA	Zip 33032	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ORDENANA, ANA M 11200 SW 157TH STREET MIAMI, FL 33157	7. Name and Address of New Registered Agent Name Ordenana, Ana M Street Address (P.O. Box Number is Not Acceptable) 23445 SW 112 CT City Homestead FL 33032
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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  **ANA M ORDENANA** DATE **4/16/07**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ORDENANA, ANA M 11200 SW 157TH STREET MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ordenana, Ana M 23445 SW 112 CT Homestead, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete SELVA, MARJURI E 11200 SW 157TH STREET MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attached memorandum of address, with all other like empowered.

SIGNATURE:  **4/16/07** **786-728-2928**

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