2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 24, 2008 08:00 A **DOCUMENT # P06000136068 Secretary of State** 1. Entity Name GISELLE CLEANING SERVICES INC. Principal Place of Business Mailing Address **3610 NW 1 STREET 3610 NW 1 STREET** MIAMI, FL 33125 MIAMI, FL 33125 CR2E034 (11/05) 01172008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 13-4346621 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRELL, GISELLE PRINCI DO NOT WRITE **3610 NW 1 STREET** MIAMI, FL 33125 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ABRELL, GISCLLE 3610 NW 1ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE NAME STREET ADDRESS U00000793551 01/25/08-80012-008 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE:

CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND