## 2008 FOR PROFIT CORPORATION

SIGNATURE: Des

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 10, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P07000085526 03-10-2008 90069 026 \*\*\*150.00 1. Entity Name BE GREEN CLEANING COMPANY Principal Place of Business Mailing Address VIIIderas 350 SOUTH SHORE DRIVE 350 SOUTH SHORE DRIVE #6 #6 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6830 INDIAN CREEK DR. 6830 INDIAN CREEK DR. Suite, Apt. #, etc. # P7 Suite, Apt. #, etc 02212008 Chg-P CR2E034 (12/06) # 07 City & State City & State 4. FEI Number Applied For 26-0611094 MIAMI BEACH MIAMI BEACH Fi Not Applicable Country S A \$8.75 Additional 5. Certificate of Status Desired — 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RALZANO (P.O. Box LESCU **BALZANO, LESLY IGLESIAS** Street Address (P.O. Box Number is Not Acceptable) 350 SOUTH SHORE DRIVE STREET MIAMI BEACH, FL 33141 CityMIAMI Zip Code ろうi もじ 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 LEOU ILLEDIAS (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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALZANO, LESLY IGLESIAS NAME 350 SOUTH SHORE DRIVE #6 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP THTLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP 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.

FILED