2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116746

Entity Name: BONITA CLEANING & HOME CARE SERVICES, INC.

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4420 RIVERWATCH DR.

BONITA SPRINGS, FL 34134 US 201

BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

PO BOX 368233

BONITA SPRINGS, FL 34136 US

FEI Number: 26-1363857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMIREZ, LUIS RAMIREZ, LUIS

4420 RIVÉRWATCH DR.

BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: LUIS RAMIREZ 07/09/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: RAMIREZ, RENATA Name: RAMIREZ, RENATA
Address: 46 8TH STREET Address: 4420 RIVERWATCH DR. #201

City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: S () Delete Title: S (X) Change () Addition Name: RAMIREZ, LUIS S (X) Change () Addition

 Address:
 46 8TH STREET
 Address:
 4420 RIVERWATCH DR. #201

 City-St-Zip:
 BONITA SPRINGS, FL 34134 US
 City-St-Zip:
 BONITA SPRINGS, FL 34134 US

Title: T () Delete Title: T (X) Change () Addition

Name: DIAZ, BARBARA L Name: RAMIREZ, RENATA

 Address:
 1505 ELANE AVE. N
 Address:
 4420 RIVERWATCH DR. #201

 City-St-Zip:
 LEHIGH ACRES, FL 33971 US
 City-St-Zip:
 BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENATA RAMIREZ PD 07/09/2008