FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083897 (7)

1. Corporate Name
COLORIZED CARPET CARE INC.

Principal Place of Business	Mailing Address
C/O RICK LUZI 5015 D COQUINA KEY DRIVE SE ST. PETERSBURG FL 33705	C/O RICK LUZI 5015 D COQUINA KEY DRIVE SE ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214314 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 Chapter 199, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 C/O RICK LUZI	26 C/O RICK LUZI
Suite, Apt. #, etc. 22 4762 COQUINA KEY DR S.E.	Suite, Apt. #, etc. 27 4762 COQUINA KEY DR S.E.
City & State 23 ST. PETERSBURG, FL.	City & State 28 ST. PETERSBURG, FL.
Zip 24 33705 County 25 PINELLAS	Zip 29 33705 County 30 PINELLAS

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUZI, RICHARD J 5015 D. COQUINA KEY DR. SE ST PETERSBURG FL 33705	81 Name: RICHARD J. LUZI 82 Street Address (P.O. Box Number is Not Acceptable): 4762 COQUINA KEY DR. S.E. 83 84 City: ST. PETERSBURG FL 85 Zip Code: 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	LUZI, RICHARD J	1.2 NAME	
STREET ADDRESS	5015 D COQUINA KEY DR SE	1.3 STREET ADDRESS	4762 COQUINA KEY DR SE
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	DOVI, JUDITH A	2.2 NAME	
STREET ADDRESS	5015 D COQUINA KEY DR SE	2.3 STREET ADDRESS	4762 COQUINA KEY DR SE
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Luzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-29-95

Daytime Phone #: 813 8250597

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # P93000084139 (3)

1. Corporate Name

BLUEFISH CORPORATION

Principal Place of Business	Mailing Address
2075 BRIGHT DR. HIALEAH FL 33010	2075 BRIGHT DR. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1993	09/27/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0452980 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LLANEZ, MARIA M 11522 S.W. 7TH ST. MIAMI FL 33174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed, printed or stamped legibly name of Registered Agent and, if applicable, the name of Registered Agent's business) (If not Registered Agent, signature of Registered Agent required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	LLANES, MARIA M	12 NAME	
STREET ADDRESS	11522 S.W. 7TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GUEVARA, BRAULIO L	22 NAME	
STREET ADDRESS	11522 S.W. 7TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. I further certify that the corporation has complied with all applicable filing requirements of Chapter 607, Florida Statutes, and that all other statements made in this document are true and correct. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I understand the requirement to file, within 60 days before any change occurs, a statement changing the registered agent and/or registered office, either on this report or on a subsequent report. I understand that failure to file the report will result in the administrative dissolution of the corporation, and that the penalty for failing to file this report is $400.00. I understand that the reinstatement fee is $500.00. I understand that I am required to include the mailing address of the registered agent and the registered office address of the corporation. I understand that I may be required to pay a fee before this report can be filed. I understand that I am required to mail notice of this change to all other affected parties.

SIGNATURE: Braulio L Guevara — 4-23-95 — (305) 883 0550
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079196 CP