2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000020898 07-28-2004 90095 001 ***150.00 07-28-2004 90095 002 ***400.00 SOUTH FLORIDA COMMERCIAL CLEANING, LTD, INC. Principal Place of Business Mailing Address 66430809 10384 LEXINGTON ESTATES BLVD 10384 LEXINGTON ESTATES BLVD BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address 13122 ISLAND VIEW DR 23122 ISLANd View Dr Suite, Apt. #, etc. 07072004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For BOCA RATON 65-0567559 BOCA RATON Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33433 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLAAB, DONALD E Street Address (P.O. Box Number is Not Acceptable) .10384 LEXINGTON ESTATES BLVD BOCA RATON, FL 33428 City Zip Code 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 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE GLAAD, DONNIGE, DR APT#2 GLAAB, DONALD E NAME NAME STREET ADDRESS 10384 LEXINGTON ESTATES BLVD STREET ADDRESS RATON, F1 33433 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE Delete TITLE GLAAD, MARLENE Actilion 13122 ISLAND VIEW OR. APT #2 GLAAB, MARLENE NAME NAME STREET ADDRESS 10384 LEXINGTON ESTATES BLVD STREET ADDRESS BOCA RATEN, F.1. 33433 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP int. Trice Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. 7-13-64 (561)899-4881 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 28, 2004 8:00 am

Secrétary of State