2004 FOR PROFIT CORPORATION **ÀNNUAL REPORT (AR)

Mar 02, 2004 8:00 am **Secretary of State** DOCUMENT # P95000036634 03-02-2004 90048 024 ***158.75 MIREYA'S JANITORIAL & LANDSCAPING, INC. Principal Place of Business Mailing Address 2414 W 72 ST 2414 W 72 ST HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 65-0580007 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, CARMEN 2414 W 72 ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITL F MARTINEZ, CARMEN NAME STREET ADDRESS 2414 W 72 ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP ☐ Delete Change Addition MARTINEZ, KELVIN NAME NAME STREET ADDRESS 2414 W 72 ST STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAMÉ MARTINEZ, MAXIMO A STREET ADDRESS STREET ADDRESS 2414 W 72ND ST CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition Delete NAME MARTINEZ, CLOVIS NAME 2414 W 72ND ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP

I hereby certify that the information supplied with this filing 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

U-President.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Daytime Phone #