

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000056525 1. Entity Name STAR CLEANING USA, INC.																		
Principal Place of Business 7320 NW 43RD ST MIAMI, FL 33166		Mailing Address 7320 NW 43RD ST MIAMI, FL 33166 US																
2. Principal Place of Business 14010 NW 20 AVE Suite, Apt. #, etc.	3. Mailing Address 14010 NW 20 AVE Suite, Apt. #, etc.																	
City & State OPA Locka, FL Zip 33054	City & State OPA Locka, FL Zip 33054	4. FEI Number 65-0684451 Applied For ☐ Not Applicable																
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GONZALEZ, ENRIQUE 7320 NW 43RD ST MIAMI, FL 33166																
7. Name and Address of New Registered Agent Name GONZALEZ, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 14010 NW 20 AVENUE City OPA Locka FL Zip Code 33054		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)																
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;"> TITLE PT NAME GONZALEZ, ENRIQUE STREET ADDRESS 7320 NW 43RD ST CITY - ST - ZIP MIAMI, FL 33166 </td> <td style="width: 50%; padding: 5px;"> TITLE PT NAME GONZALEZ, ENRIQUE STREET ADDRESS 14010 NW 20 AVENUE CITY - ST - ZIP OPA Locka, FL 33054 </td> </tr> <tr> <td style="padding: 5px;"> TITLE VPS NAME GONZALEZ, MARISABEL STREET ADDRESS 7320 NW 43RD ST CITY - ST - ZIP MIAMI, FL 33166 </td> <td style="padding: 5px;"> TITLE VPS NAME GONZALEZ, MARISABEL STREET ADDRESS 14010 NW 20 AVENUE CITY - ST - ZIP OPA Locka, FL 33054 </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP 300080152623 09/25/06--01065--019 **150.00 </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE PT NAME GONZALEZ, ENRIQUE STREET ADDRESS 7320 NW 43RD ST CITY - ST - ZIP MIAMI, FL 33166	TITLE PT NAME GONZALEZ, ENRIQUE STREET ADDRESS 14010 NW 20 AVENUE CITY - ST - ZIP OPA Locka, FL 33054	TITLE VPS NAME GONZALEZ, MARISABEL STREET ADDRESS 7320 NW 43RD ST CITY - ST - ZIP MIAMI, FL 33166	TITLE VPS NAME GONZALEZ, MARISABEL STREET ADDRESS 14010 NW 20 AVENUE CITY - ST - ZIP OPA Locka, FL 33054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP 300080152623 09/25/06--01065--019 **150.00	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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.																		
SIGNATURE: Enrique Gonzalez 9/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR																		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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