2003 FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am Secretary of State

		SINESS REI ORI	120		04-07-2003 903	723 026 ***15	50.00
DOCU	MENT # P9600	00068418					
1. Entity Name DE BEERS CLEANERS, INC.							
DE BEEK	S CLEANERS, INC.						
			- ✓				
Dringing Diona of Divisions							
Principal Place of Business Mailing Address 2716 MUSCADELLO STREET 2716 MUSCADELLO STREET							
ORLANDO, FL 32837 ORLANDO, FL 32837							
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Principal Place of Business 3. Mailing Address							
			-			48112 WILLIAM BISS	1 1424 (91 188)
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MA	KING CHANGES	
City & Stat		City & State	City & State		4. FEI Number	At	oplied For
		1 , 1			59-3407131		ol Applicable
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired	sired \$8.75 Additional	
					Fee Required		vd
<u> </u>	6. Name and Address	of Current Registered Agent		Name	7. Name and Address of New Regist	ered Agent	
HAYES, RO	BERT-S - ,			Name	بالروشيون فالمحافظ المحافظ فالمحافظ		
441 W VINE				Street Address (P.O. Box Number is Not Acceptable)		
KISSIMMEE	E, FL 34741		}				
				City		FL Zip Coo	le
2: The above	named entity submits this s	statement for the purpose of changing its	s registere	d office or register	ed agent or both in the State of Florida	<u>• — , </u>	and accent
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. It am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered again; and title if applicable. (NOTE: Registered Againts ignature required when reinstating) CATE							
FILE NOW!!! FEE IS \$150:00 9. Election Campaign Financing \$5.00 May Be Make there is 2003 Fee will be \$550:00 Trust Fund Contribution. Added to Fees							
Make Check	(Payable to Florida Dej	cartment of State			Trust Fund Contribution.	☐ Ádde;	orto ⊢ees.
10.	OFFI	CERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	PTD	Delete	TITLE			☐ Change	Addition 8
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	and 6 , that the 1 - 5 1 1	maliant with this filler days		<u>_</u>	ALCO OTIONIS EL COMO CONTRACTOR DE CONTRACTO	No. 20 1.3	
12. 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Sollin day! SIGNATURE: Schature And Typed Or Printed in Affaic OF SIGNING OFFICER OR DIRECTOR U-4-03 407 425 71 71 Out Carrier of Priorite Pri							
	SKINATURE AN	ID TYPED OR PRINTED NÆRE OF SIGNING OFFICER	OR DIRECTO	PIC	Cate	Ozytima Phone #	- •