

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000098942 1. Entity Name MGM PRESSURE CLEANING, INC.		 Jan 31, 2006 08:00 AM Secretary of State	
Principal Place of Business 6523 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068		Mailing Address 6523 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068	
DO NOT WRITE IN THIS SPACE		 01122008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0709794 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHNOWICZ, MICHAEL G SR 6523 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees UN00000412909 02/10/06-80063-024 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHNOWICZ, MICHAEL G SR. 6523 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHNOWICZ, LINDA 6523 BLVD. OF CHAMPIONS N. LAUDERDALE, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Linda Mynnowicz, VP		1-12-06 954-9778-2135 Date Daytime Phone #	