2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED DOCUMENT # P97000056033 1. Entity Name ACCURATE SERVICES INSTALLATION, INC. 06 JUN 12 PM 3: 20 JECRETARY OF STATE Principal Place of Business Mailing Address ALLAHASSEE, FLORIDA 13311 SW 135 AVENUE 13311 SW 135 AVENUE MIAMI, FL 33186 US MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252006 Chg-P CR2E034 (11/05) City & State City & State 4. FÉI Number Applied For 65-0818240 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, NEY DE JESUS Street Address (P.O. Box Number is Not Acceptable) 13311 SW 135 AVENUE MIAMI, FL 33186 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change PDS TITLE 209 ☐ Addition TITLE Delete HERMOEZ; Nilson. O. HERNANDEZ, NEY DE JESUS NAME NAME 13311 SW 135 AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP (AWA) TITLE Change ☐ Addition ☐ Delete ITTLE DIR. HERNANDEZ, NILSON O NAME NAME HERNAM STREET ADDRESS STREET ADDRESS 13311 SW 135 AVENUE CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME 400076386594 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 06/20/06--01041--007 **61 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JC 4/13 ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 other like exhoowered SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPES