2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90200 023 ***158.75 DOCUMENT # P97000086337 COME CLEAN WINDOWS, INC. 4UUDJUY-Principal Place of Business Mailing Address 3035 SW 52 STREET 3035 SW 52 STREET US DANIA BEACH, FL 33312 US DANIA BEACH, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0788600 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSADO, VERONICA Street Address (P.O. Box Number is Not Acceptable) 3035 S.W. 52 STREET DANIA BEACH, FL 33312 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FÎLE NOW!!! FEE IS \$150.00 . After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition PERRAULT, PIERRE NAME NAME 7800 RED ROAD SUITE 219D STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP S. MIAMI, FL 33143 TITLE Delete THE Change Change Addition ROSADO, VERONICA NAME NAME STREET ADDRESS 7800 RED ROAD SUITE 219D STREET ADDRESS S. MIAMI, FL 33143 CITY - ST-ZIP CITY-S1-7IP TITLE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete Change TITLE TIME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP 12. Thereby 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 it 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.

FILED

Licenca SIGNATURE: