FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE May 04, 1999 8:00 am RPGRATION ANJUAL REPORT Katherine Harris Secretary of State Secretary of State DIVISION OF CORPORATIONS 05-04-1999 90012 023 ***150.00 DOCUMENT # 7980000146680 RIVER City Commercial Cleaning Principal Place of Business Mailing Address 11111-24 SAN JOSE 3327 MANDARIN GLEN DR DO NOT WRITE IN THIS SPACE JACKSONVIlle JACKBONVIlle. 3. Date incorporated or Qualifed 32223 FL. 32223 2. Principal Place of Business 2s. Mailing Address 4. FEI Numbe Applied For AS ABOVE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing City & State \$5.00, May Be. 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year intangible 25 24 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MUNUSAMI. ANDREW Street Address (P.O. Box Number is Not Acceptable) MANDARIN GLEN DR TACKSONVIlle. City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition ANDREW MUNUSAM NAME 1.2 NAME 3327 MANDARIN GIEN DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONUILLE. FL. 32223 CITY+ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TITLE ☐ Chance ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 DD F Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

NAME

SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition