2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012790

Entity Name: GOOD MASTER'S CLEANING SERVICES, INC.

FILED Feb 15, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8180 NW 36 ST SUITE 318 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

8180 NW 36 ST SUITE 318 MIAMI, FL 33166

FEI Number: 65-0897350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENITEZ, LIZETTE VARGAS, GUSTAVO M
PO BOX 833018 1847 SE 15 ST
MIAMI, FL 33182 US HOMESTEAD, FL 33035 US

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.

SIGNATURE: GUSTAVO VARGAS 02/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DIR () Delete
 Title:
 DIR (X) Change () Addition

 Name:
 BENITEZ, LIZETE
 Name:
 VARGAS, GUSTAVO M

 Address:
 15221 SW 80 #114
 Address:
 1847 SE 15 ST

Address: 15221 SW 80 #114 Address: 1847 SE 15 ST

City-St-Zip: MIAMI, FL 33193 City-St-Zip: HOMESTEAD, FL 33035

Title: () Delete Title: VP () Change (X) Addition
Name: VARGAS GUSTAVO D

 Name:
 Name:
 VARGAS, GUSTAVO D

 Address:
 Address:
 1735 W 60 ST #M-324

 City-St-Zip:
 City-St-Zip:
 HIALEAH, FL 33012

Title: () Delete Title: SEC () Change (X) Addition

Name: Name: BENITEZ-VARGAS, LIZETTE

Address: Address: 1847 SE 15 ST

City-St-Zip: City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MOISES VARGAS DIR 02/15/2006