FOR PROFIT CORPORATION QUNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000	195387.	3*		
NEW CLEANERS INC.			FILED	
THE COSTINONS BYON			02 APR-16-AM 7:57	
DO NOT WRITE	IN THIS SP	ACE	SECRETARY OF STATE TALLAHASSEE, FLORING	- -
2. Principal Place of Business. 2099 SW 67 AV E Suite, Apt. #, etc.	3. Majiing Address 2099 SW 67 AVE Suite, Apl. #, etc.		DO NOT WRITE IN THIS SPACE 00-0	
Ciry & State FI	City & State		4. FELNumber 971046 Applied For Not Applicable	
33155 Country	33155	Country USA	5. Certificate of Status Desired Search Sear	
DO NOT W	DIT-	Name JESU	7. Name and Address of Current Registered Agent	
			(P.O. Box Number is Not Acceptable)	
IN THIS SPACE G821 S			SW 45T	
8. The above named entry submits this statement of	The purpose of changing its re	edisted office or register	FL 256444 red agent, or both, in the State of Florida.	
SIGNATURE Sommure, bytes a or or reled genine of recession as poors is	Vinhue	Registered Agent signisture required	04/10/02	
9. This observation is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150,00 Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)	Make Check Payable	UBR is \$61.25 to Department of State	Trust Fund Contribution Added to Fees	
11. OFFICERS AND HILE (PIVIS ITID) JESUS NAME STREET ADDRESS 6821 SW 4ST	S ORIHUELA	FITLE NAME STREET ADDRESS	CALLEY MANAGEMENT OF THE PROPERTY OF THE PROPE	(17171)
CITY-51-28 HIAMI, FI 33	144	CATY ST, 20P		AE: VALLE
NAME Street address		NAME Street address	nnnnns255620- <u>‡</u> ²	5
C(TY-S1-ZIP TITLE		CRY-ST-ZIP	-04/12/020100501 ***1050.00 *****300.0	iO
NAME STREET ADDRESS		NAME STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP TITLE		CATY-ST-ZIP TITLE	DO NOT WRITE	
NAME STREET ADDRESS		NAME Street address	IN THIS SPACE	
CITY-ST-ZIP .		CITY-SI-7P		
RTLE NAME		TATLE NAME	200005348052-+ -04/25/0201046007 ****150,00 ****150,0	9
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST: 7IP	****150,00 ****150,0)()
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	и	STREET ADDRESS CITY-ST-ZIP		
· · · · · · · · · · · · · · · · · · ·	this filing does not qualify for the true and accurate and that my		ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director	
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and linat 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PA	ENTER HAVE OF SIGNING OFFICER OR	DIRECTOR	410102 Doic Disperse Produce	
			(B	>

NEW CLEANERS, INC. DOC.#P99000095387

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

JOSE ORIHUELA

PRESIDENT