

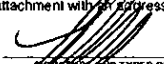


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S89030					
1. Entity Name G.G.'S CLEANING SERVICE INC.					
Principal Place of Business % GINA G. HARBISON & LAURIE J. MAURER 8763 NW 35TH ST CORAL SPRINGS, FL 33065 US			Mailing Address 8763 NW 35TH STREET CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business 2104 BELMONT LAKE Suite, Apt. #, etc.		3. Mailing Address 2104 BELMONT LAKE Suite, Apt. #, etc.			
City & State N. LAUDERDALE FL		City & State N. LAUDERDALE FL		4. FEI Number 65-0286363	
Zip 33065		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GINA G. HARBISON & LAURIE J. MAURER 8763 NW 35TH STREET CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable) 2104 BELMONT LAKE			Street Address (P.O. Box Number Is Not Acceptable) 2104 BELMONT LAKE		
City N. LAUDERDALE FL			City N. LAUDERDALE FL		
Zip Code 33065			Zip Code 33065		
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 				DATE 4/18/03	
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARBISON, GINA G.		NAME		
STREET ADDRESS	8763 NW 35TH STREET		STREET ADDRESS	2104 BELMONT LAKE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	N. LAUDERDALE FL 33065	
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAURER, LAURIE J.		NAME		
STREET ADDRESS	8763 NW 35TH STREET		STREET ADDRESS	2104 BELMONT LAKE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	N. LAUDERDALE FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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, with all other like empowered.					
SIGNATURE: 				DATE 4/18/03 954-718-1848	
PRINTED OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

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CR2E034 (10/02)