


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V37653</b> 1. Entity Name SUN CLEANING, INC.	
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Principal Place of Business 3924 NW 73 AVE CORAL SPRINGS, FL 33065 US	Mailing Address 3924 NW 73 AVE CORAL SPRINGS, FL 33065 US
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0329727	Applied For Not Applicable
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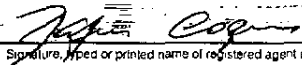
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

COQUIS, DAFNE G  
3924 NW 73 AVE  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000276888  
03/26/05-80007-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COQUIS, DAFNE 3924 NW 73 AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COQUIS, MARIO 3924 NW 73 AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COQUIS, RODNEY 3924 N.W. 73RD AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COQUIS, MARIO 3924 NW 73 AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VANSLUYTMAN, GRACEMARIE 3924 NW 73 AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #