
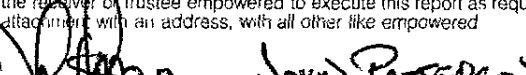


FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V39782				FILED Feb 09, 2006 08:00 AM Secretary of State	
1. Entity Name PATTERSON CLEANING & GENERAL MAINTENANCE, INC.		Principal Place of Business 8531 NW 52 CT SUNRISE FL 33351 US		Mailing Address 8531 NW 52 CT SUNRISE FL 33351 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0342628 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PETRILLO, FRANK J 10310 SW 51ST. STREET COOPER CITY FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) Signature: typed or printed name of registered agent and title if applicable DATE					
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		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			U00000426289 02/20/06-80036-022 150.00		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP O JOHN PATTERSON 8531 NW 52 COURT SUNRISE FL 33351			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  2-7-06 9547468547		