

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

ATX1

**FILED**

05 NOV 15 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P020000071394
<b>1. Entity Name</b> B & B JANITORIAL SERVICE INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3031 FLAGLER AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> KEY WEST, FL	<b>City &amp; State</b>
<b>Zip</b> 33040	<b>Country</b>

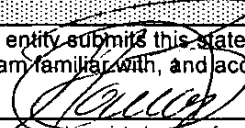
DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 04-3698595	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> BARRIOS, AUGUSTO	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3031 FLAGLER AVE	
<b>City</b> KEY WEST	<b>Zip Code</b> 33040

**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**  **AUGUSTO C BARRIOS** **9/28/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

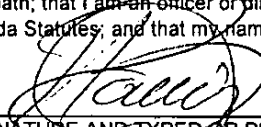
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> BARRIOS, AUGUSTO C 3031 FLAGLER AVE KEY WEST, FL 33040
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BARRIOS, MARIA L 3031 FLAGLER AVE KEY WEST, FL 33040
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>500061447575</b> 1/15/05--01072--004 #*150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **BARRIOS, AUGUSTO** **9/28/2005** **(305) 292-8481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**B & B JANITORIAL SERVICE Inc.**

**3031 Flagler Ave  
Key West, FL 33040**

September 28, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: B & B JANITORIAL SERVICE INC

Ref: P02000071394

Enclosed please find the 2005 Uniform Business Report, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,



Augusto C. Barrios  
President