


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90124 044 \*\*\*150.00

**DOCUMENT # P03000076913**

1. Entity Name  
**J & E CLEANING SERVICES, INC.**



Principal Place of Business  
**8800 W SAMPLE ROAD STE 3  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**8800 W SAMPLE ROAD STE 3  
 CORAL SPRINGS, FL 33065**

**24083707**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**8725 SW 152 AVE # 320**  
 Suite, Apt. #, etc.  
**# 320**  
 City & State  
**MIAMI FL**  
 Zip  
**33193**  
 Country  
**DADE**

08302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**010791704**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOSEPH K. NOFIL PA  
 3284 NORTH STATE ROAD 7  
 LAUDERDALE LAKES, FL 33319**

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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MONTALVO, JOSE 8800 W SAMPLE ROAD STE 3 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ERIC J. MONTALVO # 320 8725 SW 152 AVE # 320 MIAMI FL 33193, 0 SHARES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MONTALVO, WANDA 8800 W SAMPLE ROAD STE 3 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Jose Montalvo **JOSE MONTALVO** 8/30/04 305-380-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #