2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90039 025 ***158.75

DOCUMENT # P03000090438

1. Entity Name
MIAMI JANITORIAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
~~5919 S.W 8TH STREET~~ 6780 N.W. 37 Ave MIAMI, FL ~~33144~~ US 33147	6780 N.W. 37 Ave, ~~5919 S.W 8TH STREET~~ MIAMI, FL ~~33144~~ US 33147

01302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6780 N.W. 37th Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33147 Country: U.S.A.	Zip Country

4. FEI Number: 83-0386237 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DIAZ, PEDRO M MR.~~ Holloway, Carmela ~~7933 WEST DRIVE~~ 6780 N.W. 37 Ave. ~~#921~~ ~~NORTH BAY VILLAGE, FL 33141~~ Miami, Fl. 33147	Name HOLLOWAY, CARMELA Street Address (P.O. Box Number is Not Acceptable) 6780 N.W. 37th Ave. City MIAMI FL Zip Code 33147

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 Carmela Holloway - PRESIDENT 02-4-2005
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~DIAZ, PEDRO M MR.~~ ~~7933 WEST DRIVE #921~~ ~~NORTH BAY VILLAGE, FL 33141~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ DPT ~~HOLLOWAY, CARMELA~~ MS. Holloway, CARMELA 8635 NW 8TH STREET #406 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT HOLLOWAY, CARMELA 8635 N.W. 8th ST. Apt-406 MIAMI, FL. 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARQUEZ, ENRIQUE 10826 S.W. 91 LANE MIAMI, FL. 33176 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carmela Holloway CARMELA HOLLOWAY 02-04-05 305-836-3790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #