


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State


DOCUMENT # P03000127879

1. Entity Name
CALI JANITORIAL SERVICES, INC.



Principal Place of Business 4506 ROSS LANIER LANE KISSIMMEE, FL 34758	Mailing Address PO BOX 592557 ORLANDO, FL 32859
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3707395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JARELA, JOHANNA
 4506 ROSS LANIER LANE
 KISSIMMEE, FL 34758

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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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANCO, DIMAS 2344 FLAMINGO LK DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FRANCO, ISABEL 2344 FLAMINGO LK DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARELA, JOHANNA 2344 FLAMINGO LK DR KISSIMMEE, FL 34743
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 05/24/07-80036-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Isabel C. Franco 4/30/07

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