


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90117 001 *4,500.00

DOCUMENT # P03000147385	
1. Entity Name KABO CLEANING SERVICE, INC.	

Principal Place of Business 6221 N DALE MABRY HWY, # 1815 TAMPA, FL 33614	Mailing Address P O BOX 260502 TAMPA, FL 33685
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DO NOT WRITE IN THIS SPACE



04282005	No Chg-P	CR2E034 (10/03)
4. FEI Number 42-1613256	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

**TORTORELLO, JOHN V
4822 BONITA VISTA DR
TAMPA, FL 33634**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JA CHO, JUNE 6221 N DALE MABRY HWY, # 1815 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORTORELLO, JOHN V 4822 BONITA VISTA DR TAMPA, FL 33634
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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: *J. Tortorello* VP Date: 4/28/05 Daytime Phone #: 813-886-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR