

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147385

FILED
Apr 29, 2008
Secretary of State

Entity Name: KABO CLEANING SERVICE, INC.

Current Principal Place of Business:

6221 N DALE MABRY HWY, # 1815
TAMPA, FL 33614

New Principal Place of Business:

3412 IDLEWILD AVE
TAMPA, FL 33614

Current Mailing Address:

P O BOX 260502
TAMPA, FL 33685

New Mailing Address:

FEI Number: 42-1613256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHO, JUNE J
Address: 6221 N DALE MABRY HWY, # 1815
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: TORTORELLO, JOHN V
Address: 4822 BONITA VISTA DR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHO, JUNG J
Address: 3412 IDLEWILD AVE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TORTORELLO VP

V

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date