

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145708

FILED
Apr 29, 2009
Secretary of State

Entity Name: MONICA JANITORIAL GENERAL CLEANING INC

Current Principal Place of Business:

1998 SW JAMESPORT DRIVE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

4490 NW ALSACE AVE
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

1998 SW JAMESPORT DRIVE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

4490NW ALSACE AVE
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-1919183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, MONICA
1998 SW JAMESPORT DRIVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CRESPO, MONICA
4490 NW ALSACE AVE
PORT ST LUCIE, FL 34983 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRESPO, MONICA
Address: 1998 SW JAMESPORT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP () Delete
Name: ORTERO, JUAN
Address: 1998 SW JAMES PORT DR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: ORTIZ, RUTH M
Address: 1998 SW JAMESPORT DR
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRESPO, MONICA
Address: 4490 NW ALSACE AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: ORTERO, JUAN
Address: 4490 NW ALSACE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T (X) Change () Addition
Name: ORTIZ, RUTH M
Address: 4490 NW ALSACE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: MONICA CRESPO

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date