2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000027592

1. Entity Name

E & S BUILDING SERVICE CLEANING, INC.



FILED Mar 07, 2007 08:00 AM Secretary of State

Principal Place of Business 5281 NE 1ST TERRACE OAKLAND PARK FL 33334-1680		Mailing Address 5281 NE 1ST TERRACE OAKLAND PARK FL 33334-1680				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
City & State		City & State		4. FEI Number 36-4570085	Applied For Not Applicable	
Zıp	Country	Zìp	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	Agent .	
NOCHEDA FEDNANDO			Name	Name		
42	GUERA, FERNANDO NW 69 ST LAUDERDALE FL 33309	Street Add		s (P.O. Box Number is Not Acceptable)		
٠			City	FL	Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) DATE						
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of			Election Campaign Financi Trust Fund Contribution	ng \$5.00 May Be	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOGUERA, FERNANDO 42 NW 69 ST FT LAUDERDALE FL 33309	☐ Delelo	THE NAME SIREET ADDRESS CITY-S1-ZIP	U00000658907 03/16/07-80008-0	Change Addition	
TITLE NAME: SIREE ADDRESS CITY-SI-ZIP	D NOGUERA, MARIA FERNANDA 42 NW 69 ST FT LAUDERDALE FL 33309	☐ Dolele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 SIREET ADDRESS CITY-ST-ZIP		☐ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-71P		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the examplions contained in Section 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 amounted the empowered. SIGNATURE: SIGNATURE						
	ÆIGMATURE AND TYPED OR PI	RINKED NAME OF SIGNING OFFICER	OR D			