


FILED
Apr 21, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S27945 1. Entity Name SUPERIOR JANITORIAL SERVICE CORPORATION	
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Principal Place of Business 3812 DEDDITT ROAD ORLANDO, FL 32822	Mailing Address 3812 DEDDITT ROAD ORLANDO, FL 32822
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3054483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIGUEREDO, LUIS J. 2539 ROBERTI BLVD ORLANDO, FL 32817	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 relinquishing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000909792 05/06/08-80084-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	RODRIGUEZ, CLARA E
STREET ADDRESS	3812 REDDITT RD
CITY- ST- ZIP	ORLANDO, FL 32822
TITLE	P
NAME	FIGUEREDO, LUIS J
STREET ADDRESS	8383 HOFFNER AVE
CITY- ST- ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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 *[Signature]* **Luis J. Figueredo 4-18-08 407-275-0001**