2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # F30527 1. Entity Name 04-12-2006 90104 024 ***150.00 AFTER HOURS JANITORIAL SERVICE, INC. Principal Place of Business Mailing Address 6381 NW 31ST TERR FT LAUDERDALE FL 33309 US 6381 NW 31ST TERR. FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 4301 NW 4301 NW Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 59-2081825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent Name HINERMAN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 6381 NW 31 TERR FT. LAUDERDALE FL 33309 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 little if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition NAME HINERMAN, GEORGE NAME 6381 NW 31ST TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE VS TITLE ☐ Change ☐ Addition 🔀 Delete HINERMAN, GAYL STREET ADDRESS 6381 NW 31ST TERR. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 attactorized with an address, with all other like empowered.

NAME OF SIGNING OFFICE

GEORGE J. HINERMAN JR. 4-4-OC
RECTOR

FILED