

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28; 2005 08:00 AM
Secretary of State

DOCUMENT # K10753

1. Entity Name
SUN JANITOR SERVICE, INC.



Principal Place of Business
**10126 NW 128TH TERR.
HIALEAH GARDENS, FL 33018 US**

Mailing Address
**10126 NW 128TH TERR.
HIALEAH GARDENS, FL 33018 US**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0004472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORELL, RONDULFO
10126 NW 128TH TERR
HIALEAH GARDENS, FL 33018**

**DO NOT WRITE
IN THIS SPACE**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/25/05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORELL, RONULFO
STREET ADDRESS	10126 NW 128 TERR.
CITY-ST-ZIP	HIALEAH GARDEN, FL
TITLE	SD
NAME	MORELL, GISELA
STREET ADDRESS	10126 NW 128 TERR
CITY-ST-ZIP	HIALEAH GARDEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000340533
04/28/05-80123-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Rondulfo Morell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/25/05**

DAYTIME PHONE: **305-555-9876**