2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 31, 2006 08:00 AM DOCUMENT # L85757 **Secretary of State** 1. Entity Name HALL'S JANITORIAL SERVICE INC. Mailing Address Principal Place of Business % FRED D. HALL % FRED D. HALL 16400 NW 18TH AVE MIAMI FL 33054 16400 NW 18TH AVE MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0203635 Not Applie: Ζιp Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HALL, FRED D. 16400 NW 18TH AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. DATE Signature, typed in printed name of registered agent and lifte if applicable (NOTE Regislated Agent signature remitted when constating) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS tO. 11. ☐ Change ☐ Addilla BULE ☐ Detete TITLE NAME NAME HALL, FRED D. U00000486509 STREET ADDRESS 16400 NW 18TH AVE STREET ADDRESS 04/13/06-80041-008 150.00 CITY-ST-ZIP MIAMI FL City-St-28 ☐ Change T Addition ☐ Delete TITLE D TITLE NAME NAME HALL, ELVA M. STREET AGORESS STREET ADDRESS 16400 NW 18TH AVE. CHTY-ST-ZIP CATY-ST-ZIP MIAMI FL ☐ Change 71740 ☐ Delete TITLE Addis-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-21P Defete Change □ Admit. MILE SITSE NAME STREET ADDRESS STREET ADDRESS CUTY - ST- 73P CITY-ST-207 Change ☐ Delete ma ☐ Addition ☐ Addi THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST- ZIP

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ired D. Hall

3-27-2006

**FILED**