

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M23235**

1. Entity Name -  
**B & B MAID & JANITORIAL SERVICES, INC.**



Principal Place of Business  
**2708 M AUSTRALIAN AVE  
SUITE S-7  
WEST PALM BEACH, FL 33407 US**

Mailing Address  
**2708 N AUSTRALIAN AVE  
S-7  
WEST PALM BEACH, FL 33407 US**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2819874**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONE, WILLIAM J JR. ESQ  
514 S.E. 7TH STREET  
FT. LAUDERDALE, FL 33301**

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	BROWN, JIMMIE
STREET ADDRESS	5640 S.W. 4TH CT.
CITY-ST-ZIP	PLANTATION, FL
TITLE	S
NAME	BROWN, NINA CROSBY
STREET ADDRESS	131 HAWTHORNE DRIVE
CITY-ST-ZIP	LAKE PARK, FL
TITLE	T
NAME	BROWN, LINDA CARTER
STREET ADDRESS	5640 S.W. 4TH COURT
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/08-80075-007 150.00

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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:** *Dina C. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-08**

Date

**561 835 9136**

Daytime Phone #