


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 035 ***150.00

DOCUMENT # M47030	
1. Entity Name BEST JANITORIAL & SUPPLIES, INC.	

Principal Place of Business 3290 NW 29TH ST. MIAMI, FL 33142	Mailing Address 6780 N.W. 37 Avenue MIAMI, FL 33142
--	---

50010373

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2769491	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	
DIAZ, PEDRO M.	
3290 NW 29 STREET MIAMI, FL 33142	
6780 N.W. 37 Avenue MIAMI, FL 33147	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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	SPD <input type="checkbox"/> Delete
NAME	DIAZ, PEDRO M
STREET ADDRESS	7933 WEST DR., APT. 921
CITY-ST-ZIP	N BAY VILLAGE, FL 33141
TITLE	V <input type="checkbox"/> Delete
NAME	HOLLOWAY, CARMELA
STREET ADDRESS	8635 N.W. 8TH ST. 406
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VTD <input type="checkbox"/> Delete
NAME	DIAZ, MARIA L
STREET ADDRESS	2160 SW 104 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Pedro M. Diaz **PEDRO M. DIAZ** 01-31-05 305-691-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #