

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 013 ***150.00

DOCUMENT # M47030 1. Entity Name BEST JANITORIAL & SUPPLIES, INC.																																																																																																																																																											
Principal Place of Business 6780 NORTHWEST 37 AVENUE MIAMI, FL 33147 US <i>6900 N.W. 37 Ave</i>			Mailing Address 6780 NORTHWEST 37 AVENUE MIAMI, FL 33147 US <i>6900 N.W. 37 Ave</i>																																																																																																																																																								
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Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																																																								
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Country 		4. FEI Number 59-2769491																																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent DIAZ, PEDRO M. 6780 NORTHWEST 37 AVENUE MIAMI, FL 33147 <i>6900 N.W. 37 Ave.</i>																																																																																																																																																											
7. Name and Address of New Registered Agent Name <i>DIAZ PEDRO M</i> Street Address (P.O. Box Number is Not Acceptable) <i>6900 NW 37 AVE.</i> City <i>MIAMI</i> FL Zip Code <i>33147</i>																																																																																																																																																											
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 <i>[Signature]</i> DATE <i>04-30-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
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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: <i>[Signature]</i> DATE: <i>04-30-06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											