## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M48107

FILED May 05, 2005 Secretary of State

Entity Name: ALL STAR JANITORIAL SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	OWERLINE RD O BCH, FL 330	691621		
Current N	lailing Addres	s:	New Mailing Addre	ess:
	OWERLINE RD O BCH, FL 330	691621		
FEI Number	: 59-2795780	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
7121 E. C	ROBERT A. YPRESS HEAD ID, FL 33067	DRIVE US		
The above		ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
in the Stat	e of Fiorida.			
in the Stat	RE:	c Signature of Registered Ag	ent	Date
in the Stat SIGNATU In accordar	RE: Electroni	(2)(b), F.S., the corporation did no		Date
in the Stat SIGNATU In accordar Election Ca	RE: Electroni	(2)(b), F.S., the corporation did no Trust Fund Contribution().	ot receive the prior notice.	
in the Stat SIGNATU In accordar Election Ca	RE: Electronince with s. 607.193 mpaign Financing S AND DIRECT	(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). FORS: Delete N, ST.	ot receive the prior notice.	Date  GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	RE: Electronice with s. 607.193 mpaign Financing S AND DIRECT  PSD () SEFTON, ERWI 8479 N.W. 2ND CORAL SPRING	(2)(b), F.S., the corporation did not Trust Fund Contribution ( ). FORS: Delete N, ST. S, FL Delete	ot receive the prior notice.  ADDITIONS/CHANG  Title:  Name:  Address:	GES TO OFFICERS AND DIRECTORS
in the Stat SIGNATU in accordar Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	(2)(b), F.S., the corporation did not Trust Fund Contribution ( ). FORS: Delete N, ST. S, FL Delete ET, SSHEAD DRIVE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. MARKS T 05/05/2005