

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90035 032 ***150.00

DOCUMENT # M48107	
1. Entity Name ALL STAR JANITORIAL SERVICES, INC.	

Principal Place of Business 1570 N POWERLINE RD POMPANO BCH, FL 33069-1621	Mailing Address 1570 N POWERLINE RD POMPANO BCH, FL 33069-1621
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2795780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, ROBERT A.
7121 E. CYPRESS HEAD DRIVE
PARKLAND, FL 33067

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SEFTON, ERWIN 8479 N.W. 2ND ST. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD MARKS, ROBERT 7121 E CYPRESSHEAD DRIVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, BAUM 344 NW 94TH TERR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEFTON, ROBERT 12955 HYLAND CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert A. Marks (ROBERT A. MARKS) 1/8/08 954-960-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #