

May 03, 2004  
Secreta

<b>DOCUMENT # P00000005053</b>	
1. Entity Name <b>GABRIEL VERA JANITORIAL SERVICES, INC.</b>	
Principal Place of Business <b>6086 FOREST HILL BLVD., APT. 109 WEST PALM BEACH, FL 33415</b>	Mailing Address <b>6086 FOREST HILL BLVD., APT. 109 WEST PALM BEACH, FL 33415</b>



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0973476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****VERA, GABRIEL  
6086 FOREST HILL BLVD., APT. 109  
WEST PALM BEACH, FL 33415****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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00****9. Election Campaign Financing  
Trust Fund Contribution.****\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	VERA, GABRIEL
STREET ADDRESS	6086 FOREST HILL BLVD., APT. 109
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	D
NAME	CASSINI, CHRISTIAN
STREET ADDRESS	1000 S. MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80094-020 158.75**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-04 (561) 434-2676