


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-29-2007 90031 032 ***150.00

DOCUMENT # P0000033212			
1. Entity Name JOSE D. PADILLA CLEANING SVCS. INC.			
Principal Place of Business 306 N. NEW JERSEY AVE. TAMPA FL 33609		Mailing Address 306 N. NEW JERSEY AVE. TAMPA FL 33609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3642572		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PADILLA, JOSE 306 N. NEW JERSEY AVE. TAMPA FL 33609		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		DATE	
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature is required when renewing)		JOSE D. Padilla, 3/19/2009	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PADILLA, JOSE 306 N. NEW JEMY AVE. TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addtion <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addtion <input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		JOSE PADILLA 4/20/2007 owner.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	