## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED

(305)303 048 6

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DOCU  1. Entity Nar	JMENT # P000000356	680		03 DEC 15 PH 2:53		
RIVER	O JANITORIAL SERVIC	CES INC		SECRETARY OF STATE FALLAHASSEE FLORIDA		
	DO NOT WRITE	IN THIS SI	PACE		70057	
2. Principal Place of Business 1355 WEST 31 STREET Suite. Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State HIALEAH FL.		City & State		4. FEI Number 65-0997266 Applied For Not Applicable		
33012	Country USA	Zip	Country	5. Certificate of Status Desired	\$8.75 Additi	ional
	DO-NOT-W	RITE	Name Street Address	7. Name and Address of Curren  OSA VECO  (P.O. Box Number is Not Aggentab		
	IN THIS SP	ACE	(35)	5 11 3/31		700.0
8. The above the obligated SIGNATURE		0	registered office of regist	/2		id accept
Make Check	inuary 1 - May 7 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State	: Registered Agerit signature requi	9. Election Campaign Fin Trust Fund Contribution	on. Added to	May Be o Fees
TITLE PTO NAME STREET ADDRESS CITY-ST-ZIP	ROSA RIVERO 1355 W, 3		NAME STREET ADDRESS ONY_ST-ZIP	PES OFUT		0348 (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEDERICO RIVERO 1355	W 31 ST H.F.33012	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	2 PRESIBEN 900024 11/21/03-0100	7 996819 5-005 **150.0	CR2E034B
TITLE NAME STREET ADDRESS DITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	interpretation of the properties of the contraction of the	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			HITLE NAME STREET ADDRESS CITY ST ZIP	IN THIS	SPACE	
ITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TTLE IAME Street address City-St-Zip			NAME STREET ADDRESS			

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

ATURE AND THE OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

November 14, 2003

DEPARMENT OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES ST TALLAHASSE FL, 32399

REF: RIVERO JANITORIAL SERVICES INC # P00000035680

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, RIVERO JANITORIAL SERVICES INC, HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS

RIVERO JANITORIAL SERVICES INC

**ROSA RIVERO**