2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P00000061783** C & N JANITORIAL SERVICES, INC. Principal Place of Business Mailing Address P 0 BOX 5675 P O BOX 5675 LIGHTHOUSE POINT, FL 33074 LIGHTHOUSE POINT, FL 33074 04232008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1021275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, CARMEN DO NOT WRITE **1611 NE 33 STREET** POMPANO BEACH, FL 33064 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing U000000924020 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/16/08-80057-016 150.nn 10. OFFICERS AND DIRECTORS TITLE NAME GONZALEZ, CARMEN STREET ADDRESS P O BOX 5675 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074 TITLE VEGA, NANCY B NAME STREET ADDRESS P O BOX 5675 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

CICMATHDE.

STREET ADDRESS CITY-ST-ZIP

9541297-5655