


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90093 032 ***150.00

DOCUMENT # P00000107379 1. Entity Name JIRON CLEANING, INC.					
Principal Place of Business 12239 SW 14 LANE NO. 3412 MIAMI, FL 33184			Mailing Address 12239 SW 14 LANE NO. 3412 MIAMI, FL 33184		
2. Principal Place of Business <i>15601 SW 137 Ave</i>		3. Mailing Address <i>P.O. Box 771258</i>			
Suite, Apt. #, etc. <i>288</i>		Suite, Apt. #, etc.			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>		4. FEI Number 65-1057467	
Zip <i>33177</i>		Country <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIRON, FATIMA 12239 SW 14 LANE NO. 3412 MIAMI, FL 33184			7. Name and Address of New Registered Agent Name <i>Jiron cleaning Fatima Jiron</i> Street Address (P.O. Box Number is Not Acceptable) <i>771258 MIAMI FL 33177</i> <i>15601 SW 137 Ave</i> City <i>MIAMI</i> FL Zip Code <i>33177</i>		
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JIRON, FATIMA 12239 SW 14 LANE NO. 3412 MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, HENRY 12239 SW 14 LANE NO. 3412 MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Fatima Jiron</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Fatima Jiron 305 2130259</i> <i>4/26/05</i> Daytime Phone #					