


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000027888</b>		
1. Entity Name <b>MILLENNIUM JANITORIAL SERVICE INC.</b>		
Principal Place of Business <b>2900 LINCOLN STREET HOLLYWOOD, FL 33020</b>	Mailing Address <b>2900 LINCOLN STREET HOLLYWOOD, FL 33020</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MONCADA, EDUARDO JR 2900 LINCOLN STREET HOLLYWOOD, FL 33020</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONCADA, EDUARDO JR 2900 LINCOLN STREET HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MONCADA, LUZ E 2900 LINCOLN STREET HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EDUNRDO, MONCHDA 2900 LINCOLN ST. HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE: <u>Eduardo Moncada</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-12-06</u> <u>954-923-4687</u> <small>Date Daytime Phone #</small>



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number **22-3787551** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

01/20/06-80051-005 150.00

**DO NOT WRITE  
IN THIS SPACE**