

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90024 047 ***150.00

EP DVNF OUI\$ P02000008310 2/ Entity Name GLORIA - JARRIN CLEANING & HANDYMAN SERVICES, INC.	
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Principal Place of Business 212 TIPSUR IES/DG/S NBS-BUF-Q144179	Mailing Address 212 TIPSUR IES/DG/S NBS-BUF-Q144179
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3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

7/ Obn f lboelBeef t t lpgDvsf ouSf hjt d f e lBhf ou	8/ Obn f lboelBeef t t lpgDvsf ouSf hjt d f e lBhf ou
ESCALANTE, GLORIA 101 S CORTEZ DR. CIR. R MARGATE, FL 33068	Name <i>Escalante Gloria</i> Street Address (P.O. Box Number is Not Acceptable) <i>6590 NW 24 CT.</i> City <i>Margate FL 33063</i> GM Zip Code

9/ 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 *Chif Escalante* DATE *3/2/07*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	11/ NbzICf I Beef elupIG f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCALANTE, GLORIA 101 S CORTEZ DR CIR R MARGATE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Escalante Gloria</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>6590 NW 24 CT</i> <i>Margate FL 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCALANTE, JARRIN 101 S CORTEZ DR CIR R HARGATE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Escalante Jarrin</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>6590 NW 24 CT</i> <i>Margate FL 33063</i>
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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

23/ 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.

TJHOBVSF: *Chif Escalante* DATE *3/2/07* Daytime Phone #