

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064862

1. Entity Name
C & D SERVICE CLEANING AND MAINTENANCE, INC.



FILED
06 JUN 21 AM 10:41

[Handwritten signature]

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
9603 NW 72ND MANOR
TAMARAC, FL 33321

Mailing Address
9603 NW 72ND MANOR
TAMARAC, FL 33321



2. Principal Place of Business
1325 NW 6 ST.
Suite, Apt. #, etc.

3. Mailing Address
13254 NW 6 ST.
Suite, Apt. #, etc.

06202006 Chg-P CR2E034 (11/05)

City & State
Miami, Florida
Zip 33182 Country U.S.

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Miami, Florida
Zip 33182 Country U.S.

4. FEI Number
47-0871036
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZUBIC, DRAGO
9603 NW 72ND MANOR
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name LLONTOP, JOSE
Street Address (P.O. Box Number is Not Acceptable)
13254 NW 6 ST
City MIAMI FL Zip Code 33182

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

[Handwritten signature]
Signature typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when re-registering)

6/20/06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LLONTOP, JOSE A	
STREET ADDRESS	3666 N.E. 168 ST., #2	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZUBIC, DRAGO	
STREET ADDRESS	9603 NW 72ND MANOR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400077091954
07/06/06--01057--009 **150.00

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 supplementary 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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/06 (305)332-8936