2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # P02000086979 1. Entity Name JSS WINDOW CLEANING, INC.						Secretary of State 02-28-2005 90189 042 ***150.00				
Principal Place of Business		Mailing Address	Mailing Address							
10220 SW 215 ST MIAMI, FL 33189		10220 SW 215 ST Miami, Fl 33189								
2. Principal F	Place of Business	3. Mailing Address								
3.		3. Mailing Address	. Walling Address			? 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01192005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State				4. FEI Number 11-36489	961			pplied For at Applicable
Zip	Country	Zip	Coun	ntry		5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New R	egistered Ag	ent .	
MELENDEZ, STEVE 10220 SW 215 ST MIAMI, FL 33189				Name Street Address (P.O. Box Number is Not Acceptable)						
·				City					Zip Code	9
8. The shove named entity submits this statement for the nurnose of changing its registery					「					
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										
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees \$5.00 May Be										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CI	HANGES TO OFFI	CERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENDEZ, STEVE 10220 SW 215 ST MIAMI, FL 33189	☐ Delete	3	i i				Į	Change	Addition
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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										

Thereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Forda 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 frustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

(786)261.376