

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90256 013 ***150.00

DOCUMENT # P02000101833

1. Entity Name
JAIMES CLEANING SERVICES, INC.



Principal Place of Business
**5719 LIME HILL RD
LAUDERHILL, FL 33319**

Mailing Address
**5719 LIME HILL RD
LAUDERHILL, FL 33319**

24034010

2. Principal Place of Business
3445 Pinewalk Dr. North (Same)
Suite, Apt. #, etc.
5-205

3. Mailing Address
3445 Pinewalk Dr. North (Same)
Suite, Apt. #, etc.
5-205

City & State
Margate, FL
Zip
33063 Country
USA

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Margate, FL
Zip
33063 Country
USA

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
56-2294580 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JAIMES, ORLANDO F
5719 LIME HILL RD
LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent

Name **Orlando F. Jaimes**
Street Address (P.O. Box Number is Not Acceptable)
3445 Pinewalk Dr. North #5-205
City **Margate** FL Zip Code **33063**

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Orlando F. Jaimes 4-20-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **JAIMES, ORLANDO F**
STREET ADDRESS **5719 LIME HILL RD**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **DV** ☐ Delete
NAME **JAIMES, YVETTE**
STREET ADDRESS **5719 LIME HILL RD**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Jaimes, Orlando F**
STREET ADDRESS **3445 Pinewalk Dr. North #5-205**
CITY-ST-ZIP **Margate, FL 33063**

TITLE **Dr J** ☒ Change ☐ Addition
NAME **Jaimes, Yvette**
STREET ADDRESS **3445 Pinewalk Dr. North #5-205**
CITY-ST-ZIP **Margate, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

Orlando F. Jaimes 4-20-04

954-509-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #