

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91035 035 \*\*\*150.00

<b>DOCUMENT # P02000110718</b>					
<b>1. Entity Name</b> <b>WORLD CLASS MAINTENANCE &amp; JANITORIAL SERVICES, INC.</b>					
<b>Principal Place of Business</b> 7824 NW 72ND AVE MIAMI FL 33166			<b>Mailing Address</b> 7824 NW 72ND AVE MIAMI FL 33166		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>11-3657146</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VELASQUEZ, HERNANDO 7826 NW 72 AVE. MIAMI FL 33166			<b>7. Name and Address of New Registered Agent</b> Name <u>Julio Jemenez</u> Street Address (P.O. Box Number is Not Acceptable) <u>10108 Costa del Sol Blvd</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33178</u>		
<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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-29-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VELASQUEZ, BEATRIZ E 899 NW 170 TERRACE PEMBROKE PINES FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JEMENEZ, JULIO A 899 NW 170 TERRACE PEMBROKE PINES FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change [ ] Addition USD Jemenez Julio A 10108 Costa del Sol Blvd Miami, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>04-29-04</u> (305) 805-2009 <small>Daytime Phone #</small>		