

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000009522



1. Entity Name
GRISALES CLEANING & MAINTENANCE INC.

Principal Place of Business
9351 FOUNTAINBLEAU BLVD
APT B223
MIAMI, FL 33172

Mailing Address
9351 FOUNTAINBLEAU BLVD
APT B223
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

**FILED
Jan 27, 2005 08:00 AM
Secretary of State**

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1546220	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY SUITE 21
MIAMI, FL 33155

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRISALES, JORGE A
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD, APT B223
CITY-ST-ZIP MIAMI, FL 33172

01/26/05-01/27-024 154,75

TITLE VD
NAME GRISALES, ANTONIO J
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD, APT B223
CITY-ST-ZIP MIAMI, FL 33172

TITLE SD
NAME PARRA, LUZ M
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD, APT B223
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-05

305-4806790

Date

Daytime Phone #