

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**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



01212005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

72-1546220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 reinstating)

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

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

UPPER 30200 026  
01/28/05-00011-024 152.75

**DO NOT WRITE  
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

Date

305-4806790

Daytime Phone #