2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009522

1. Entity Name

GRISALES CLEANING & MAINTENANCE INC.



Principal Place of Business

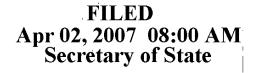
9351 FOUNTAINBLEAU BLVD

APT B223 MIAMI, FL 33172 Mailing Address

9351 FOUNTAINBLEAU BLVD

APT B223

MIAMI, FL 33172





DO NOT WRITE IN THIS SPACE

03132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

72-1546220

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

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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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 B	223
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE	VD	
NAME	GRISALES, ANTONIO J	
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD, APT B	223
CITY-SI-ZIP	MIAMI, FL 33172	
TITLE	SD	
NAME	PARRA, LUZ M	
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD, APT B	223
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZiP		
TITLE		
NAME		
STREE1 ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		

U00000685502 04/09/07-80006-013 150.00

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-30-03

305609022

Daytime Phone i