


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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



03022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1546220	Applied For <input type="checkbox"/> Not Applicable
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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRISALES, JORGE A 9351 FOUNTAINBLEAU BLVD. APT B223 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRISALES, ANTONIO J 9351 FOUNTAINBLEAU BLVD. APT B223 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRA, LUZ M 9351 FOUNTAINBLEAU BLVD. APT B223 MIAMI, FL 33172
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05/23/08-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: _____ **04-27-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #