FROM :

FAX NO. :

Jan. 05 2005 05:44PM P1

FILED
Jan 12, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028562

1. Entity Name
S. & B. JANITOR SERVICE, INC.

Principal Place of Business	Mailing Address
3801 INDIAN CREEK DR. MIAMI BEACH, FL 33140	3801 INDIAN CREEK DR. MIAMI BEACH, FL 33140

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
67-1444454
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AL ALARCON, JOSE
8595 N.W. 36TH ST.
STE 116
MIAMI, FL 33166

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERNAS, SILVIO
STREET ADDRESS	3801 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000108[illegible]
01/12/05-80021-020 [illegible]

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: SILVIO PERNAS (DIRECTOR) 01/10/2005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date