
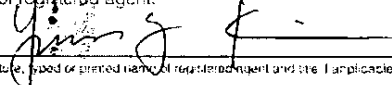
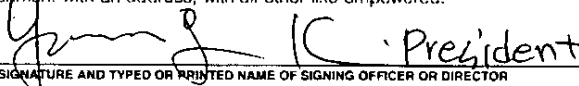


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 042 ***150.00

DOCUMENT # P03000028919			
1. Entity Name YSK JANITORIAL SERVICES, INC.			
Principal Place of Business 4708 FORT BRAVO CT ORLANDO FL 32822		Mailing Address 4708 FORT BRAVO CT APT. 6 ORLANDO FL 32822	
2. Principal Place of Business - No P.O. Box # 4708 Fort Bravo Ct		3. Mailing Address 4708 Fort Bravo Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32822	Country U.S.A.	Zip 32822	Country U.S.A.
6. Name and Address of Current Registered Agent KIM, YOUNG SOON 4708 FORT BRAVO CT ORLANDO FL 32822		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  President DATE: Apr. 14.08 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!!-FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIM, YOUNG SOON 4708 FT BRAVO CT ORLANDO FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  President		DATE: Apr. 14.08 407-963-7255	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	