

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000058730**

1. Entity Name  
JCSA STAR CLEANING SERVICES, INC.



Principal Place of Business  
1201 SW 84 TERR  
PEMBROKE PINES, FL 33025

Mailing Address  
1201 SW 84 TERR  
PEMBROKE PINES, FL 33025



**DO NOT WRITE IN THIS SPACE**

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
74-3092741

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STAUDIGL, MIRLA  
1201 SW 84 TERR  
PEMBROKE PINES, FL 33025

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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 rebating)

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 STAUDIGL, MIRLA  
STREET ADDRESS 1201 SW 84 TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE VD  
NAME STAUDIGL, MIRLA  
STREET ADDRESS 1201 SW 84 TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-05

Date

Daytime Phone #