

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 008 ***150.00

DOCUMENT # P03000090438					
1. Entity Name MIAMI JANITORIAL SUPPLIES, INC.					
Principal Place of Business 6700 NW 37TH AVE MIAMI, FL 33144 US 33147			Mailing Address 6900 N.W. 37 Ave. 6700 NW 37TH AVE MIAMI, FL 33144 US 33147		
2. Principal Place of Business 6900 NW 37 AVE. Suite, Apt. #, etc.			3. Mailing Address 6900 NW 37 AVE Suite, Apt. #, etc.		
City & State MIAMI, FL Zip 33147			City & State MIAMI, FL Zip 33147		
4. FEI Number 83-0386237			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLLOWAY, CARMELA 6700 NW 37 AVE NORTH BAY VILLAGE, FL 33441 MIAMI, FL. 33147			7. Name and Address of New Registered Agent Name: <u>Holloway Carmela</u> Street Address (P.O. Box Number is Not Acceptable): <u>6900 NW 37 AVE</u> City: <u>MIAMI FL</u> Zip Code: <u>33147</u>		
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: <u>Carmela Holloway</u> (NOTE: Registered Agent signature required when reconstituting) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	S MARQUEZ, ENRIQUE 10826 SW 91 LANE MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HOOLOWAY, CARMELA MS. 8635 NW 8TH ST APRT 486 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Carmela Holloway</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>5/2/06</u> Daytime Phone # _____		