2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000107346

1. Entity Name
JULIAN CLEANING & SUPPLIES, INC

Principal Place of Business	Mailing Address
18219 NW 61 CT. MIAMI, FL 33015 US	18219 NW 61 CT. MIAMI, FL 33015 US

DO NOT WRITE IN THIS SPACE

06132005   No Chg-P   CR2E034 (10/03)

4. FEI Number 20-0262745	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

VAZGAS, JORGE E
18219 NW 61 CT
MIAMI, FL 33015

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	CARRERA, CIRIA J
STREET ADDRESS	18219 NW 61 CT.
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	V
NAME	VARGAS, JORGE
STREET ADDRESS	18219 NW 61 CT.
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/05-80015-009 558.75
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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: _____   6/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #