

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90216 031 ***150.00

DOCUMENT # P03000127879



1. Entity Name
CALI JANITORIAL SERVICES, INC.

Principal Place of Business
2344 FLAMINGO LK RD
KISSIMMEE, FL 34743

Mailing Address
PO BOX 592557
ORLANDO, FL 32859

20042920



2. Principal Place of Business
4506 ROSS LANIER LN.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State
POINCIANA FL
Zip
34758
Country
USA

City & State
Zip
Country

4. FEI Number
11-3707395
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCO, DIMAS
2344 FLAMINGO LK DR
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
JOHANNA VARELA
Street Address (P.O. Box Number is Not Acceptable)
4506 ROSS LANIER LN.
City
POINCIANA FL Zip Code
34758

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: JOHANNA VARELA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/05

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 | D | <input type="checkbox"/> Delete |
| NAME | FRANCO, DIMAS | |
| STREET ADDRESS | 2344 FLAMINGO LK DR | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | FRANCO, ISABEL | |
| STREET ADDRESS | 2344 FLAMINGO LK DR | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ARAGON, MARITZA | |
| STREET ADDRESS | 441 EAGLE DR | |
| CITY-ST-ZIP | KISSIMMEE, FL 34751 | |
| TITLE | D-P | <input type="checkbox"/> Delete |
| NAME | VARELA, JOHANNA | |
| STREET ADDRESS | 2344 FLAMINGO LK DR | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: JOHANNA VARELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

Date

Daytime Phone #