

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000127879**

1. Entity Name  
**CALI JANITORIAL SERVICES, INC.**



Principal Place of Business  
**4506 ROSS LANIER LANE  
KISSIMMEE, FL 34758**

Mailing Address  
**PO BOX 592557  
ORLANDO, FL 32859**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**JARELA, JOHANNA  
4506 ROSS LANIER LANE  
KISSIMMEE, FL 34758**

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FRANCO, DIMAS  
2344 FLAMINGO LK DR  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
FRANCO, ISABEL  
2344 FLAMINGO LK DR  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VARELA, JOHANNA  
2344 FLAMINGO LK DR  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000545922  
05/11/06-80095-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

*Dimas Franco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR