## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000143422

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SANTALLANA, JULIAN V

6173 LANSHIRE DRIVE

SANTALLANA, JUAN V JR

TAMPA, FL 33615 US

7922 SOARING TRAIL LANE

() Delete

TAMPA, FL 33636 US

SEC

ntity Name: FUTURE INNOVATIONS JANITORIAL INC

FILED Apr 09, 2004 Secretary of State

Entity Name: FUTURE INNOVATIONS JANITORIAL INC.				
Current Principal Place of Business:		New Principal Place of Business:		
6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33624 US		6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US		
Current Mailing Address:		New Mailing Address:		
6308 BENJAMIN SUITE 710 TAMPA, FL 3362	24 US	6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US		
FEI Number: 51-048	9809 FEI Number Applied For ( ) FEI Num	mber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Addre	ess of Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
SANTALLANA, AMARILLYS 6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33624 US		SANTALLANA, AMARILLYS 6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US		
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.				
SIGNATURE: AMARILLYS SANTALLANA		04/09/2004		
_	Electronic Signature of Registered Agent	Date		
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address: 7622	( ) Delete ALLANA, AMARILLYS SOARING TRAIL LANE 'A, FL 33615 US	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Address: 7622	( ) Delete ALLANA, JUAN V SR SOARING TRAIL LANE 'A, FL 33615 US	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: TRE	( ) Delete	Title: ( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: AMARILLYS SANTALLLANA P 04/09/2004

() Change () Addition