2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143422

Title:

Name:

Address:

City-St-Zip:

SEC

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SANTALLANA, JUAN V JR

TAMPA, FL 33615 US

7922 SOARING TRAIL LANE

Entity Name: FUTURE INNOVATIONS JANITORIAL INC

FILED Apr 01, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US				6306 BENJAMIN ROAD SUITE 616 TAMPA, FL 33634 US			
Current Mailing Address:				New Mailing Address:			
6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US				6306 BENJAMIN ROAD SUITE 616 TAMPA, FL 33634 US			
FEI Number:	51-0489809	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of St	atus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SANTALLANA, AMARILLYS 6308 BENJAMIN ROAD SUITE 710 TAMPA, FL 33634 US				SANTALLANA, AMARILLYS 6306 BENJAMIN ROAD SUITE 616 TAMPA, FL 33634 US			
The above in the State		ubmits this statement for the pu	irpose of	changing it	s registered	d office or register	ed agent, or both,
SIGNATURE:				04/01/2008			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I SANTALLANA, AI 7922 SOARING TAMPA, FL 336	TRAIL LANE		Title: Name: Address: City-St-Zip:		() Change () Addit	ion
Title: Name: Address: City-St-Zip:	VP () I SANTALLANA, JU 7922 SOARING TAMPA, FL 336	TRAIL LANE		Title: Name: Address: City-St-Zip:		() Change () Addit	ion
Title: Name: Address: City-St-Zip:	TRE () I SANTALLANA, JU 6173 LANSHIRE TAMPA, FL 336	DRIVE		Title: Name: Address: City-St-Zip:			ion

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AMARILLYS SANTALLANA P 04/01/2008

() Change () Addition