

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90002 031 ***150.00

DOCUMENT # P04000005003	
1. Entity Name	
FAST PRO PRESSURE CLEANING CORP OF BROWARD	

DO NOT WRITE IN THIS SPACE

24036920

2. Principal Place of Business 16300 GRIFFIN RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SW RANCHES, FL		City & State	
Zip 33331	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0539482		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name A AND J ADVISORY SERVICE INC	
Street Address (P.O. Box Number is Not Acceptable) 2620 BUTTONWOOD AVE	
City MIRAMAR	Zip Code 33025

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME JHANER J GARRIDO
STREET ADDRESS 16300 GRIFFIN RD	CITY-ST-ZIP SW RANCHES FL 33331

11.

TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jhaner J Garrido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Jhaner J Garrido

3/22/2004

Date

(954) 854-2392

Daytime Phone #