2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000011657

1. Entity Name

JESÚS ESCALERA PRESSURE CLEANING, INC.



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

591 BROWN RD LANTANA, FL 33462 Mailing Address

591 BROWN RD LANTANA, FL 33462



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 90-0137921 Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCALERA, JESUS 591 BROWN RD LANTANA, FL 33462 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered or	ffice or r	registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f appiicable (NOTE: Registered Age	nt signature	e required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	, _□	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			s , P , e
NAME STREET ADDRESS CITY-ST-ZIP	D ESCALERA, JESUS 591 BROWN RD LANTANA, FL 33462			· · · · · · · · · · · · · · · · · · ·	
TITLE		-		•	
NAME STREET ADDRESS CITY-ST-ZIP					000000781562 01/15/08-80039-021 150.00
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CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 all other like exprowered.

SIGNATURE:

SIGNATI RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #