

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000070204

1. Entity Name  
 G & A JANITOR SERVICES INC.



Principal Place of Business  
 8421 NW 8 ST #403  
 MIAMI, FL 33126

Mailing Address  
 8421 NW 8 ST #403  
 MIAMI, FL 33126



03182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1066942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TABORA, GUILLERMO E  
 8421 NW 8 ST #403  
 MIAMI, FL 33126

**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 \_\_\_\_\_ (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	DP TABORA, GUILLERMO E 8421 NW 8 ST #403 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BARRERA, ANA J 8421 NW 8 ST #403 MIAMI, FL 33126
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U00000564677  
 05/20/06-80085-015 150.00

**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 all other like empowered.

SIGNATURE:         b          
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/06 305-479-9014  
 Date Daytime Phone #