


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90532 014 \*\*\*150.00

<b>DOCUMENT # P04000106962</b> 1. Entity Name <b>S &amp; E CLEANING SERVICES, INC.</b>					
Principal Place of Business <b>1790 NE 2ND COURT MIAMI, FL 33132</b>			Mailing Address <b>1790 NE 2ND COURT MIAMI, FL 33132</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>1693 NW 22 PL.</b>		
City & State			City & State <b>MIAMI FL</b>		
Zip		Country		Zip <b>33125</b>	
Country <b>USA</b>		4. FEI Number <b>57-1204950</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GIL &amp; CACERES &amp; ASSOCIATES, INC.</b> <b>601 SW 57TH AVE STE H</b> <b>MIAMI, FL 33144</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JOSE J. VASQUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1693 NW 22 PLACE</b> City <b>MIAMI</b> <b>FL</b> Zip <b>33125</b>		
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 <u><i>Jose J. Vasquez</i></u> DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VASQUEZ, JOSE J 1790 NE 2ND COURT MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1693 NW 22 PL MIAMI FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TABORA, NINOSKA K 1790 NE 2ND COURT MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1693 NW 22 PL MIAMI FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Jose J. Vasquez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/28/05</b> Daytime Phone # <b>(786) 218-0719</b>		

00040111



04292005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Name **JOSE J. VASQUEZ**  
Street Address (P.O. Box Number is Not Acceptable)

**1693 NW 22 PLACE**  
City **MIAMI** **FL** Zip **33125**

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SIGNATURE *Jose J. Vasquez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/05**

**FILE NOW!!! FEE IS \$150.00**  
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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  
DPT  
VASQUEZ, JOSE J  
1790 NE 2ND COURT  
MIAMI, FL 33132

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
TABORA, NINOSKA K  
1790 NE 2ND COURT  
MIAMI, FL 33132

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
1693 NW 22 PL  
MIAMI FL 33125

TITLE  
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SIGNATURE: *Jose J. Vasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/05 (786) 218-0719**