

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 022 ***150.00

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1. Entity Name

ALBERT'S JANITORIAL SERVICES, INC.



Principal Place of Business

203 FREEDOM COURT
DEERFIELD, FL 33442-9123 US

Mailing Address

203 FREEDOM COURT
DEERFIELD, FL 33442-9123 US

2. Principal Place of Business

203 Freedom Ct.
Suite, Apt. #, etc.

3. Mailing Address

203 Freedom Ct.
Suite, Apt. #, etc.

City & State

Deerfield Bch. Florida

Zip

33442

Country

USA

City & State

Deerfield Bch. Florida

Zip

33442

Country

USA

09052006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2239552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRIZARRY, ALBERTO
203 FREEDOM COURT
DEERFIELD BEACH, FL 33442-9123

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D,P ☐ Delete
NAME IRIZARRY, ALBERTO
STREET ADDRESS 203 FREEDOM COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 334429123

TITLE S ☐ Delete
NAME VESGA, ALBA A
STREET ADDRESS 203 FREEDOM COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 334429123

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto IRIZARRY

9/5/06

954-421-1221

Date

Daytime Phone #