

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90002 004 \*\*\*150.00

**DOCUMENT # P05000060414**

1. Entity Name  
**J & A NITE CLEANING, CORP.**



Principal Place of Business  
**510 NW 109 AVE #3  
MIAMI, FL 33173**

Mailing Address  
**510 NW 109 AVE #3  
MIAMI, FL 33173**

**20060373**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006 Chg-P CR2E034 (11/05)

4. FEI Number

**20-2783529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBIELLA, JOE  
510 NW 109 AVE #3  
MIAMI, FL 33173**

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME COBIELLA, JOE  
STREET ADDRESS 510 NW 109 AVE #3  
CITY-ST-ZIP MIAMI, FL 33173

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

TITLE S ☐ Delete  
NAME COBIELLA, FELICIA  
STREET ADDRESS 510 NW 109 AVE #3  
CITY-ST-ZIP MIAMI, FL 33173

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Joe Cobiella*

**05/26/06 (305) 835 6394**

Date Daytime Phone #

ATTACHMENT

J & NITE CLEANING, CORP.  
3961 EAST 1A AVE.  
HIALEAH, FL 33013

50020373  
#P05000060414

May 26, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P. O. BOX # 1500  
Tallahassee, Florida 32302-1500

Dear Ms. Tina D. Carter:

In accordance with your instructions we are mailing herewith the Annual Report Application Form dully signed, as well as our check for \$ 150.00.

Cordially yours,



JOE COBIELLA  
President.

c.c. file

ATTACHMENT

50020373

J & A NITE CLEANING, CORP.  
3961 EAST 1a. AVENUE  
HIALEAH, FLA. 33013

April 27, 2006

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

P05000060414

Ref: (Form UBR-2006)

Dear Sirs :

We have not received yet the Form of Reference.

Please, find enclosed our check # 1262 covering the payment of 2006 for PROFIT CORPORATION ANNUAL REPORT.

Cordially yours,



JOE COBIELLA  
President.