

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000061658

1. Entity Name
EMPIRE MAINTENANCE & CLEANING CORP



Principal Place of Business
**6611 SW 137 CT UNIT B
MIAMI, FL 33183**

Mailing Address
**6611 SW 137 CT UNIT B
MIAMI, FL 33183**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2748616 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OCASIO, JOANNA
6611 SW 137 CT UNIT B
MIAMI, FL 33183**

**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 _____
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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000906419
05/02/08 80021 010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OCASIO, JOANNA
STREET ADDRESS 6611 SW 137 CT UNIT B
CITY-ST-ZIP MIAMI, FL 33183

TITLE SD
NAME JAUREGUI, CARMEN R
STREET ADDRESS 6611 SW 137 CT
CITY-ST-ZIP MIAMI, FL 33183

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 786 003-2541
Date Daytime Phone #