

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90045 032 \*\*\*150.00

**DOCUMENT # P05000074489**

1. Entity Name

**JEYMAR CLEANING SERVICES, INC.**



Principal Place of Business

**7546 SANDLAKE POINTE LOOP #104  
ORLANDO FL 32809**

Mailing Address

**7546 SANDLAKE POINTE LOOP #104  
ORLANDO FL 32809**



2. Principal Place of Business

**485 Creekwood Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, Florida**

City & State

4. FEI Number

**20-2907590**

Applied For

Not Applicable

Zip

**32809**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**RENGIFO, LUIS E  
7546 SANDLAKE POINTE LOOP #104  
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

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

**485 Creekwood Drive**

City

**Orlando**

FL

Zip Code

**32809**

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

**2-4-06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **P**  
STREET ADDRESS **RENGIFO, LUIS E**  
CITY-ST-ZIP **7546 SANDLAKE POINTE LOOP #104  
ORLANDO FL 32809**

TITLE ☐ Delete

NAME **V**  
STREET ADDRESS **RAMIREZ, ALEJANDRO J**  
CITY-ST-ZIP **7546 SANDLAKE POINTE LOOP #104  
ORLANDO FL 32809**

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 **485 Creekwood Drive**  
CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☒ Change ☐ Addition

NAME **Ramirez, Alejandra**  
STREET ADDRESS **485 Creekwood Drive**  
CITY-ST-ZIP **Orlando FL 32809**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Section 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:

**Alga Bee**

**Alejandra Ramirez**

**2/4/06**

**407-812-4547**