

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 033 ***150.00

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1. Entity Name
J&G CLEANING SERVICES CORP.



Principal Place of Business
**5760 LAKESIDE DRIVE STE 204
MARGATE, FL 33063**

Mailing Address
**5760 LAKESIDE DRIVE STE 204
MARGATE, FL 33063**

2. Principal Place of Business - Not a Box #
6240 Wiles Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State
Coral Springs FL

City & State

4. FEI Number
06-1758455

Applied For
Not Applicable

Zip
33067

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Bengochea Manuel**
Street Address (P.O. Box Number is Not Acceptable)
6240 Wiles Rd
City **Coral Springs FL** Zip Code **33067**

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]

(NOTE: Registered Agent signature required when reinstating)

3/2/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENGOCHEA, MANUEL	
STREET ADDRESS	5760 LAKESIDE DRIVE STE 204	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BENGOCHEA, CAROLA	
STREET ADDRESS	5760 LAKESIDE DRIVE STE 204	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGOCHEA, MANUEL	
STREET ADDRESS	6240 Wiles Rd.	
CITY-ST-ZIP	Coral Springs FL 33067	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGOCHEA, CAROLA	
STREET ADDRESS	6240 Wiles Rd	
CITY-ST-ZIP	Coral Springs FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

Daytime Phone #