## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000160004

Entity Name: J.M.K. CLEANING & REMODELING SERVICES INC.

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

16213 WILKINSON DR CLERMONT, FL 34714

Current Mailing Address: New Mailing Address:

16213 WILKINSON DR PO BOX 135696 CLERMONT, FL 34714 PO BOX 135696 CLERMONT, FL 34713

FEI Number: 20-3950803 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, JENNIFER

16213 WILKINSON DR

CLERMONT, FL 34714 US

KABA CONSULTING INC

214 E WASHINGTON ST

SUITE A

MINNEOLA, FL 34715 US

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.

SIGNATURE: ALEJANDRO KABA 03/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 RIVERA, JENNIFER
 Name:
 PEREZ, GABRIEL

 Address:
 16213 WILKINSON DR
 Address:
 16213 WILKINSON DR

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:
 CLERMONT, FL 34714

Title: V ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 CRESPO, RAMONA
 Name:
 ALVARADO, JENNIFER

 Address:
 16213 WILKINSON DR
 Address:
 16213 WILKINSON DR

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:
 CLERMONT, FL 34714

Title: D () Delete Title: () Change () Addition

 Name:
 CASANOVA, ANGEL
 Name:

 Address:
 16213 WILKINSON DR
 Address:

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL PEREZ P 03/12/2007