## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 21, 2007 8:00 am Secretary of State 2/1

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DOCUMENT # P06000011537  1. Entity Name COFRE JANITORIAL & MAINTENANCE SERVICES INC.	02-16-2007 90026 050 ***15 03-21-2007 90028 006 *****	

8.75 CC Mailing Address Principal Place of Business DUU PV 15412 SW 77 CIR. LANE. #103 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193 MIAMI, FL 33193 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 CR2E034 (12/06) 4. FEI Number 20 - 422 Applied For City & State City & State Not Applicable Country \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COFRE, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193 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 princed name of registered agains and lide if applicable. (NOTE Registered Agent algosture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 OFFICERS AND DIRECTORS 10. 11. TITLE The Contract ☐ Change ☐ Addition TITL F COFRE, ROBERTO NAME HALE STREET ADDRESS 15412 SW 77 CIR. LANE, #103 STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33193 CITY-ST-ZP ☐ Delete nie F ☐ Change ■ Addution IITLE LETELIER, JACQUELINE NAME NAME 15412 SW 77 CIR. LANE, #103 STREET ADDRESS STREET ADDRESS CITY-51-20 MIAMI, FL 33193 CITY-ST-ZP Delete TITLE Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P Delete TITLE Change ☐ Addition TITLE NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZP DIEF ☐ Delete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Addition Ociete Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY ST-20 CITY-ST-72P 12. I hereby certify that the information-syppited 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment with an address with a supplemental containing the information.

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SIGNATURE:	ROBERTO COFRE	2(13/07	(305 772 0668
<b></b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dafe	Daysins Phone #