

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

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02-16-2007 90026 050 ***150.00
03-21-2007 90028 006 *****8.75

DOCUMENT # P06000011537 1. Entity Name COFRE JANITORIAL & MAINTENANCE SERVICES INC.					
Principal Place of Business 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193			Mailing Address 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-4229559			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			02132007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent COFRE, ROBERTO 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COFRE, ROBERTO 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LETELIER, JACQUELINE 15412 SW 77 CIR. LANE, #103 MIAMI, FL 33193	<input type="checkbox"/> Delete			
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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: <u>ROBERTO COFRE</u>		Date <u>2/13/07</u> Daytime Phone # <u>(305) 772 0668</u>			