

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90037 021 ***150.00

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DOCUMENT # P06000074392 1. Entity Name MATTU & JP CLEANING SERVICE CORP.					
Principal Place of Business 1913 SOUTH OCEAN DR. 124 HALLANDALE BEACH, FL 33009				Mailing Address 1913 SOUTH OCEAN DR. 124 HALLANDALE BEACH, FL 33009	
2. Principal Place of Business - No P.O. Box # 755 SW 122 TERRACE		3. Mailing Address 755 SW 122 TERRACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DEMBROKE PINES		City & State DEMBROKE PINES, FL.		4. FEI Number 20-4962045	
Zip 33025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLL, ROCIO 1913 SOUTH OCEAN DR. 124 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name PATINO, Rocio Street Address (P.O. Box Number is Not Acceptable) 755 SW 122 TERRACE City DEMBROKE PINES FL Zip Code 33025			
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	P POLL, ROCIO 1913 SOUTH OCEAN DR. SUITE #124 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OMANA, JOSE L 1913 SOUTH OCEAN DR. SUITE #124 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 02/15/07 (786) 213-5422 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					