

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2007 90070 018 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000126892 1. Entity Name LEAH'S JANITORIAL SERVICES, CORP.					
Principal Place of Business 1460 SOUTH EAST 18 TERRA HOMESTEAD FL 33035			Mailing Address 1460 SOUTH EAST 18 TERRA HOMESTEAD FL 33035		
2. Principal Place of Business - No P.O. Box # 10711 S.W 216 ST. Suite, Apt. #, etc. Suite 105		3. Mailing Address 10711 S.W 216 ST. Suite, Apt. #, etc. Suite 105			
City & State Miami - FL		City & State Miami - FL		4. FEI Number 20567 4499	
Zip 33170		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENA, MICHAEL 1460 SOUTH EAST 18 TERRA HOMESTEAD FL 33035				7. Name and Address of New Registered Agent Name Mena, Michael Street Address (P.O. Box Number is Not Acceptable) 10711 S.W 216 ST. Suite 105 City Miami FL Zip Code 33170	
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 (NOT: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE PST <input type="checkbox"/> Delete NAME MENA, MICHAEL STREET ADDRESS 1460 SOUTH EAST 18 TERRA CITY- ST- ZIP HOMESTEAD FL 33035			TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mena, MICHAEL STREET ADDRESS 10711 S.W 216 ST. Suite 105 CITY- ST- ZIP Miami - FL 33170		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/26/07 6057244-1565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					