

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000043510

1. Entity Name

JJ & BB CLEANING SERVICE, INC.



FILED

2009 JUL 27 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10332 NW 3RD STREET
PEMBROKE PINES, FL 33026

Mailing Address

10332 NW 3RD STREET
PEMBROKE PINES, FL 33026

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

208824569

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELTRAN, JOSE M SR.
10332 NW 3RD STREET
PEMBROKE PINES, FL 33026

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELTRAN, JOSE M SR.	
STREET ADDRESS	10332 NW 3RS STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELALCAZAR, CLARA I	
STREET ADDRESS	10332 NW 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	T.	<input type="checkbox"/> Delete
NAME	BELTRAN, JUAN J	
STREET ADDRESS	10332 NW 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000158512150
CITY-ST-ZIP	07/15/09--01009--003 **308.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose m Beltran

954-330-1936

Date

Daytime Phone #