


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 043 ***150.00

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| DOCUMENT # P07000070710 | |  |
| 1. Entity Name JSH CLEANING SERVICES INC | | |

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|---|---|
| Principal Place of Business 7804 SUNFLOWER DRIVE MARGATE, FL 33063 US | Mailing Address 7804 SUNFLOWER DRIVE MARGATE, FL 33063 US |
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|--|--------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 5344 NW 85 ave | 3. Mailing Address 5344 NW 85 ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-----------------------------------|-----------------------------------|
| City & State Coral Springs, FL | City & State Coral Springs, FL |
| Zip 33067 | Zip 33067 |
| Country Broward | Country Broward |



02202008 Chg-P CR2E034 (12/06)

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|---|--|--|
| 4. Fee Number 26-0367825 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HELM, WENDY 7804 SUNFLOWER DRIVE MARGATE, FL 33063 | | 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 reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HELM, WENDY 7804 SUNFLOWER DRIVE MARGATE, FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Helm, Wendy 5344 NW 85 ave Coral Springs, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T HELM, KEITH W 7804 SUNFLOWER DRIVE MARGATE, FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T Helm, Keith 5344 NW 85 ave Coral Springs, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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"/> Change <input type="checkbox"/> Addition |

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: Wendy Helm 2/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #