2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 043 ***150.00

DOCUMENT # P93000085967

1. Entity Name
PERM-A-CARE JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1501 SOUTH MIAMI ROAD FORT LAUDERDALE, FL 33316	PO BOX 460464 FORT LAUDERDALE, FL 33346

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12078 Colony Preserve Dr.	PO Box 8101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Delray Beach Fl
Zip: 33426 Country: USA	Zip: 33482-8101 Country:

4. FEI Number 65-0464529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSENTINO, ROSS P.
625 ENFIELD COURT
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name: KENNETH COSENTINO
Street Address (P.O. Box Number is Not Acceptable): 12078 Colony Preserve Drive
City: Boynton Beach FL Zip Code: 33426

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: Ross Cosentino [signature] 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSENTINO, LYNDA	NAME	
STREET ADDRESS	1501 S MIAMI ROAD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSENTINO, KEN	NAME	
STREET ADDRESS	1501 S MIAMI ROAD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3-17-05 9545224495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lynda Cosentino