

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016316 (9)

1. Corporation Name

GOOD SHEPHERD SUPPLYS AND CLEANING SERVICES INC.

Principal Place of Business

9740 CUTLER RIDGE DRIVE
MIAMI FL 33157

Mailing Address

9740 CUTLER RIDGE DRIVE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 9740 Cutler Ridge Dr

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami 712

Suite, Apt. #, etc.

27 City & State

City & State

23 Zip

24 33157

Country

25 Dade

Zip

29

Country

30

4. FEI Number

650571761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRANCO, FRANCISCO G
9740 CUTLER RIDGE DRIVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BARRANCO, FRANCISCO G
STREET ADDRESS 9740 CUTLER RIDGE DR.
CITY - ST - ZIP MIAMI FL 33157

TITLE S
NAME BARRANCO, FRANCISCO G
STREET ADDRESS 9740 CUTLER RIDGE DR.
CITY - ST - ZIP MIAMI FL 33157
NO LONGER with us

TITLE T
NAME BARRANCO, MARIE N
STREET ADDRESS 9740 CUTLER RIDGE DR.
CITY - ST - ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE S FRANCISCO BARRANCO
2.2 NAME 9740 Cutler Ridge Dr
2.3 STREET ADDRESS Miami 712
2.4 CITY - ST - ZIP 33157
☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if certified, or on an attachment with an address.

SIGNATURE

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Gabriel Barranco 4-2-95 JAS 251-8496

Date

Daytime Phone #