

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039026

1. Corporation Name

N & N CLEANING SERVICES CORP.

Principal Place of Business

10101 W. OKEECHOBEE RD
#4101
HIALEAH GARDENS FL 33016
US

Mailing Address

10101 W. OKEECHOBEE RD
#4101
HIALEAH GARDENS FL 33016
US

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90268 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

4. FEI Number

65-0487169

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 owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ARRILLAGA, NELSON R.
10101 W OKEECHOBEE RD #4101
HIALEAH GARDENS FL 33016

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 607.0501 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

Ray

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
ARRILLAGA, NELSON R
STREET ADDRESS
10101 WEST OKEECHOBEE RD #4101
CITY-ST-ZIP
HIALEAH GARDENS FL

TITLE ☐ DELETE

NAME
VP
CHOATE, MAYDELIN
STREET ADDRESS
10101 W OKEECHOBEE RD #4102
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
T
ARRILLAGA, NELSON
STREET ADDRESS
10101 W OKEECHOBEE RD #4102
CITY-ST-ZIP
HIALEAH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ray SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-99

CR2E034 (11/98)