

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000075992

1. Entity Name
RAFAEL & SON JANITORIAL SERVICES, INC.



Principal Place of Business

**8410 S.W. 27TH STREET
MIAMI, FL 33155**

Mailing Address

**8410 S.W. 27TH STREET
MIAMI, FL 33155**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0530325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLARTECOECHEA, RAFAEL
8410 S.W. 27TH STREET
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 \$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

TITLE PD
NAME OLARTECOECHEA, RAFAEL
STREET ADDRESS 8410 S.W. 27TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME OLARTECOECHEA, RAFAEL JR.
STREET ADDRESS 8410 S.W. 27TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE STD
NAME OLARTECOECHEA, LOURDES
STREET ADDRESS 8410 S.W. 27TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000347800
04/30/05-80131-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lourdes Olartecoechea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lourdes

4-28-05

Sd c/Treas.

Date

Daytime Phone #