

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

FILED

Aug 11 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P95000012772**  
1. Corporation Name: **Pena Janitorial Service, INC.**

Principal Place of Business: **2885 PALM BEACH BLVD # 304-A.**  
**FORT MYERS FL. 33916**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                   |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business:<br>21 <b>2885 PALM BEACH BLVD</b><br>Suite, Apt. #, etc.<br>22 <b>304-A</b><br>City & State<br>23 <b>FORT MYERS, FL</b><br>Zip<br>24 <b>33916</b> | 2a. Mailing Address:<br>26 <b>SAME</b><br>Suite, Apt. #, etc.<br>27 <b>SAME</b><br>City & State<br>28 <b>SAME</b><br>Zip<br>29 <b>SAME</b><br>Country<br>30 <b>SAME</b> | 4. FFI Number<br><b>65-0488677</b><br>Applied for<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|                                                                                                     |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>CELIO PENA.</b><br><b>2885 PALM BEACH BLVD</b><br><b>#304-A.</b><br><b>FORT MYERS, FL. 33916</b> | 81 Name<br><b>NA</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b><br>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: **Celio Pena**

(If FFI, Registered Agent Signature required when completing)

DATE: **7/30/98**

|                                                       |                                 |                                                                               |  |
|-------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS                            |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                         |  |
| TITLE<br><b>PRESIDENT</b>                             | <input type="checkbox"/> DELETE | 11 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br><b>CELIO PENA</b>                             |                                 | 12 NAME                                                                       |  |
| STREET ADDRESS<br><b>2885 PALM BEACH BLVD</b>         |                                 | 13 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP<br><b>FORT MYERS FL 33916</b>             |                                 | 14 CITY-ST-ZIP                                                                |  |
| TITLE<br><b>SEC. 1 TREAS.</b>                         | <input type="checkbox"/> DELETE | 21 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br><b>ANA M. PENA</b>                            |                                 | 22 NAME                                                                       |  |
| STREET ADDRESS<br><b>2885 PALM BEACH BLVD # 304-A</b> |                                 | 23 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP<br><b>FORT MYERS FL. 33916</b>            |                                 | 24 CITY-ST-ZIP                                                                |  |
| TITLE                                                 | <input type="checkbox"/> DELETE | 31 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                  |                                 | 32 NAME                                                                       |  |
| STREET ADDRESS                                        |                                 | 33 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP                                           |                                 | 34 CITY-ST-ZIP                                                                |  |
| TITLE                                                 | <input type="checkbox"/> DELETE | 41 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                  |                                 | 42 NAME                                                                       |  |
| STREET ADDRESS                                        |                                 | 43 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP                                           |                                 | 44 CITY-ST-ZIP                                                                |  |
| TITLE                                                 | <input type="checkbox"/> DELETE | 51 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                  |                                 | 52 NAME                                                                       |  |
| STREET ADDRESS                                        |                                 | 53 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP                                           |                                 | 54 CITY-ST-ZIP                                                                |  |
| TITLE                                                 | <input type="checkbox"/> DELETE | 61 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                  |                                 | 62 NAME                                                                       |  |
| STREET ADDRESS                                        |                                 | 63 STREET ADDRESS                                                             |  |
| CITY-ST-ZIP                                           |                                 | 64 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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered office or business 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.

SIGNATURE: **Celio Pena** [CELIO PENA]

DATE: **7/30/98** (941) 772-1919

CR2E034 (10/97)

②

Fort Myers. 07.20.98

T: DIVISION OF CORPORATIONS

My name is: Celio Pena

Phone n° — 941.334.7564

SS: — 044.84.3477, and

I'm writing this letter to let you know this is the FIRST notice I received to pay the Bill.

Thank you very much.

★ P95000012772

Celio Pena