


**005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000083401			
1. Entity Name ALL NIGHT JANITORIAL SERVICE, INC.			
Principal Place of Business 6554 SW 148 PLACE MIAMI FL 33193 US		Mailing Address PO BOX 580978 MIAMI FL 33159	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HERNANDEZ, MARIBEL 6554 SW 148 PLACE MIAMI FL 33193		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0660606** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HERNANDEZ, MARIBEL 6554 SW 148 PLACE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, MARIBEL 6554 SW 148 PLACE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000296373 04/09/05-80065-013 150.00
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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:  **4-6-05 305 752 3853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #