


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90037 019 ***150.00

DOCUMENT # P95000083401

1. Entity Name
ALL NIGHT JANITORIAL SERVICE, INC.



Principal Place of Business Mailing Address

6554 SW 148 PLACE **PO BOX 590978**
MIAMI, FL 33193 US **MIAMI, FL 33159**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6554 SW 148 PL **P.O. BOX 523993**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33193 **US** **33152** **US**

40011000



01192007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0660606 Not Applicable

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

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Maribel Hernandez* **2-6-07** **7862054792**

SIGNATURE AND TYPED OR PRINTED NAME Date Daytime Phone #