

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90146 007 \*\*\*150.00

**DOCUMENT # P96000034078**

1. Entity Name

J.P. COMMERICAL CLEANING, INC.



Principal Place of Business

1599 S.W. 30TH AVE.  
SUITE 11  
BOYNTON BEACH FL 33426

Mailing Address

1599 S.W. 30TH AVE.  
SUITE 11  
BOYNTON BEACH FL 33426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0702872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SANCHEZ, RAFAEL  
1599 S.W. 30TH AVE.  
SUITE 11  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name **DA SILVA, ORLANDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1499 SW 30TH AVE - Ste 01**  
City **BOYNTON BEACH** FL Zip Code **33426**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **DA SILVA, ORLANDO**  
STREET ADDRESS **9873 LAWRENCE RD, APT D-101**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☒ Delete  
NAME **P SANCHEZ, RAFAEL**  
STREET ADDRESS **1599 SW, 30TH AVE - Ste 11**  
CITY-ST-ZIP **BOYNTON BEACH - FL - 33426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **P DA SILVA, ORLANDO**  
STREET ADDRESS **1499 SW 30TH AVE, Ste 01**  
CITY-ST-ZIP **BOYNTON BEACH - FL - 33426**

TITLE ☐ Change ☒ Addition  
NAME **S DA SILVA, ELIZABETH**  
STREET ADDRESS **1499 SW 30TH AVE - Ste 01**  
CITY-ST-ZIP **BOYNTON BEACH - FL - 33426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-06**

Date

**561-7321818**

Daytime Phone #