2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2004 08:00 AM **Secretary of State** DOCUMENT # P98000086681 1. Entity Name CLEAR JANITORIAL SERVICE, INC. Mailing Address Principal Place of Business 15411 DURNFORD DRIVE 15411 DURNFORD DRIVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 No Chg-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0871524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAQUEZ, ROSA DO NOT WRITE 15411 DURNFORD DRIVE MIAMI LAKES, FL 33014 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 мау ве Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME JAQUEZ, ROSA 15411 DURNFORD DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 U00000096305 03/25/04-80025-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIIŒ NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

FILED