2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # P98000086681 1. Entity Name CLEAR JANITORIAL SERVICE, INC.					03-16-2006 90247 ()48 ***150	0.00	
Principal Place of Business 15411 DURNFORD DRIVE MIAMI LAKES, FL 33014		Mailing Address 15411 DURNFORD DRIVE MIAMI LAKES, FL 33014		70-	· -			
	Mace of Business West 21st Court #, etc.	3. Malling Address 8078 West 21st Court Suite, Apt. #, etc.		rt 03022006	Chg-P CR2E	034 (11/05)		
City & Stat Hiale Zip 33016	ah, FL	City & State Hialeah, FL	Country	4. FEI Numb 65-087	1524		oplied For at Applicable litional	
		33016				Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
JAQUEZ, ROSA 15411 DURNFORD DRIVE MIAMI LAKES, FL 33014			Street A 807	Street Address (P.O. Box Number is Not Acceptable) 8078 West 21st Court				
			City		F	Zip Code	e	
The above named entity submits this statement for the purpose of changing its register.				leah	-	- ∤3301	16	
the obligations of registered agent. SIGNATURE Signatur types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECTORS 1			ADDITIONS	/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	D JAQUEZ, ROSA 15411 DURNFORD DRIVE	☐ Delete	TITLE NAME STREET ADDRESS	8078 West	: 21st Court	∑ Change	☐ Addition	
CITY-ST-ZIP TITLE	MIAMI LAKES, FL 33014	☐ Detete	CITY-ST-ZIP TITLE	Hialeah,	FL 33016	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		🗀 Deiete	NAME STREET ADDRESS CITY-ST-ZIP			- Change -	E) Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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 any address, with all other like empowered.								