

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000099867

1. Entity Name
L & S AMERICAN JANITORIAL INC.



Principal Place of Business
**9230 SW 21 TERRACE
MIAMI, FL 33165**

Mailing Address
**PO BOX 143211
CORAL GABLES, FL 33114-3211**



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2215960** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, LUIS
9230 SW 21 TERRACE
MIAMI, FL 33165**

**DO NOT WRITE
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 _____ (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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ESTRADA, LIZETT**
STREET ADDRESS **4227 NW 5TH STREET APT #7**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **TD**
NAME **GONZALEZ, LUIS**
STREET ADDRESS **9230 SW 21 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VS**
NAME **GONZALEZ, SUZEL**
STREET ADDRESS **9230 SW 21 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000463368
03/21/06-80072-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Lizett Estrada* **Lizett Estrada** 3-10-06 786-551-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #