

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000029527

1. Entity Name
CLIFFHANGER JANITORIAL SERVICES P.B., INC.



Principal Place of Business
5215 SW 146TH AVE
MIAMI, FL 33175

Mailing Address
5215 SW 146TH AVE
MIAMI, FL 33175

2. Principal Place of Business

8840 S.W. 18 TERR

Suite, Apt. #, etc.

3. Mailing Address

8840 S.W. 18 TERR.

Suite, Apt. #, etc.

City & State

miami Fla

City & State

miami Fla

Zip

33165

Country

Dade

Zip

33165

Country

Dade

6. Name and Address of Current Registered Agent

MECIAS, GLADYS
5215 SW 146TH AVE
MIAMI, FL 33175

Name

Leonel J. Reyes

Street Address (P.O. Box Number is Not Acceptable)

8840 S.W. 18 TERR.

City

miami

FL Zip Code

33165

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

1-5-12-2

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/14/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MECIAS, ALDRIN
STREET ADDRESS 5215 SW 146TH AVE
CITY-ST-ZIP MIAMI, FL 33175

Delete

TITLE D
NAME REYES, LEONEL
STREET ADDRESS 5215 SW 146TH AVE
CITY-ST-ZIP MIAMI, FL 33175

Delete

TITLE D
NAME GUZMAN, OMAR
STREET ADDRESS 5215 SW 146TH AVE
CITY-ST-ZIP MIAMI, FL 33175

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
6100000186001
09/26/06--01067--002 \$461.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
President
Reyes, Leonel
8840 S.W. 18 TERR.
miami Fla 33165

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 an address, with all other like empowered.

SIGNATURE:

Leonel J. Reyes

9/14/06

Date

Daytime Phone #