

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 18 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

4. FEI Number  
65-0909407

Applied For  
Not Applicable

Zip  
33165

Country  
Dade

Zip  
33165

Country  
Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

*[Signature]*

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
600080188006  
STREET ADDRESS  
39/26/06--01067--002  
CITY-ST-ZIP  
++\$61.25 ☐ Change ☐ Addition

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

TITLE  
NAME  
President  
REYES, Leonel  
STREET ADDRESS  
8840 S.W. 18 Terr.  
CITY-ST-ZIP  
Miami, Fla 33165 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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-ZIP ☐ 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 an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06

Date

Daytime Phone #