


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90135-045-\$150.00-\$150.00

FILED
05 OCT -3 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081362			
1. Entity Name J. D. JANITORIAL SERVICES CORP.			
Principal Place of Business 3785 NW 82ND AVE.,STE.102 MIAMI, FL 33166		Mailing Address 3785 NW 82ND AVE.,STE.102 MIAMI, FL 33166	
2. Principal Place of Business 8180 NW 36 Street		3. Mailing Address 8180 NW 36 St	
Suite, Apt. #, etc. 420		Suite, Apt. #, etc. 420	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33166		Zip 33166	
Country		Country	
08312005		Chg-P CR2E034 (10/03)	
4. FEI Number 65-0946785		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent DIAZ, JOYCE 7204 W 34 AVE HIALEAH, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P DIAZ, JOYCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JOYCE	NAME	
STREET ADDRESS	7204 W 34 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33018	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joyce Diaz</i>		Date: 9/30/05	
SMALLER AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Daytime Phone #	