


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # S73697

1. Entity Name
 ENVIRO -CHEMICAL & JANITORIAL SUPPLY CO.



Principal Place of Business
 29 SW 5TH STREET
 POMPANO BEACH, FL 33060

Mailing Address
 29 SW 5TH STREET
 POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0281544

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SACKEL, GARY D
 1378 SW 27TH AVENUE
 DEERFIELD BEACH, FL 33442

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000894016
 04/21/08-80011-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SACKEL, GARY D
STREET ADDRESS	29 SW 5TH STREET
CITY- ST- ZIP	POMPANO BEACH, FL
TITLE	VD
NAME	SACKEL, GIANE A
STREET ADDRESS	29 SW 5TH STREET
CITY- ST- ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Giane Sackel **GIANE SACKEL, V.PRES.** 2/29/08 954-784-9698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #