


**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90287 028 ***150.00

DOCUMENT # *P00000108193*

1. Entity Name
ALL MAINTENANCE & REPAIRS, INC



DO NOT WRITE IN THIS SPACE

20042124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>100 LINCOLN RD</i> Suite, Apt. #, etc. <i>STE 618</i> City & State <i>MIAMI FL</i> Zip <i>33139</i>		3. Mailing Address <i>100 LINCOLN RD</i> Suite, Apt. #, etc. <i>STE 618</i> City & State <i>MIAMI FL</i> Zip <i>33139</i>		4. FEI Number <i>80-0069474</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE <i>PRES</i>	NAME <i>HEREDIA RAUL</i>	TITLE	
STREET ADDRESS <i>100 LINCOLN RD 618</i>	CITY-ST-ZIP <i>MIAMI FL 33139</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *04/20/05* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)