


2009 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108193

1. Entity Name
ALL MAINTENANCE & REPAIR, INC.



FILED

2009 MAY 22 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1025 CASTILLE AVE

3. Mailing Address
1025 CASTILLE AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORN GABLES FL.

City & State
CORN GABLES FL

4. FEI Number
80-0069474

Applied For
 Not Applicable

Zip
33134

Country
DADE

Zip
33134

Country
DADE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RAUL HEREDIA

Street Address (P.O. Box Number is Not Acceptable)
1025 CASTILLE AVE

City
MIAMI

FL Zip Code
33134

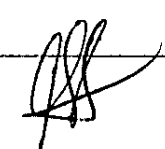
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PS. RAUL HEREDIA 1025 CASTILLE AVE MIAMI FL 33134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300156308973 05/22/09--01009--019 **150.00</u>
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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:  04/27/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)