


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91038 037 \*\*\*150.00

<b>DOCUMENT # P01000083902</b> 1. Entity Name <b>ZVS MAINTENANCE SYSTEMS, INC.</b>					
Principal Place of Business <b>4421 JOHNSON ST, HOLLYWOOD FL 33021</b>			Mailing Address <b>4421 JOHNSON ST, HOLLYWOOD FL 33021</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1140389</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JULIAO, VINCENT 2633 PIERCE STREET, #202 HOLLYWOOD FL 33020</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>4421 JOHNSON ST</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33021</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	GMGR <input checked="" type="checkbox"/> Delete		TITLE	GMGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAO, MONICA		NAME	GAVILAN, MONICA	
STREET ADDRESS	3224 COOLIAGE ST		STREET ADDRESS	3067 S.W. 138 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	MIAMI, FL 33027	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAO, VINCENT		NAME	JULIAO, VINCENT	
STREET ADDRESS	2633 PIERCE ST #202		STREET ADDRESS	4421 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAO, ZARIT		NAME	JULIAO, ZARIT	
STREET ADDRESS	2633 PIERCE STREET, #202		STREET ADDRESS	4421 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	HOLLYWOOD FL 33021	
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)(j), 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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					