

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 26, 2007  
Secretary of State**

DOCUMENT# P04000005973

Entity Name: SPECIALTY MAINTENANCE GROUP, INC.

**Current Principal Place of Business:**

5757 BLUE LAGOON DRIVE  
SUITE 160  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

5757 BLUE LAGOON DRIVE  
SUITE 160  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 02-0714272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYES, MICHELLE  
5757 BLUE LAGOON DRIVE  
SUITE 101  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      (X) Delete  
Name: CHILLON, HECTOR  
Address: 5757 BLUE LAGOON DRIVE SUITE 101  
City-St-Zip: MIAMI, FL 33126 US

Title: STD      ( ) Delete  
Name: REYES, MICHELLE  
Address: 5757 BLUE LAGOON DRIVE SUITE 101  
City-St-Zip: MIAMI, FL 33126 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE REYES

STD

03/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date