

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000011962

1. Entity Name
COMPREHENSIVE BUILDING MAINTENANCE OF SOUTH FLORIDA, INC.



Principal Place of Business
**10064 COUNTRY BROOK RD
 BOCA RATON, FL 33428**

Mailing Address
**10064 COUNTRY BROOK RD
 BOCA RATON, FL 33428**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-2127297** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CIRILLO, ANTHONY J
 10064 COUNTRY BROOK RD
 BOCA RATON, FL 33428**

**DO NOT WRITE
 IN THIS SPACE**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

U30000483678
 04/18/06 80024-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIRILLO, ANTHONY J 10064 COUNTRY BROOK RD BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, RICHARD A 22667 CASCADE PL BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIRILLO, DENISE 10064 COUNTRYBROOK RD BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25
 Date

954-914-9975
 Daytime Phone #