

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 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
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2127297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	PD CIRILLO, ANTHONY J 10064 COUNTRY BROOK RD BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, RICHARD A 22867 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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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-15-07** **954-914-9971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #