
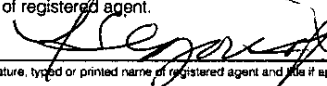
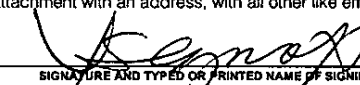


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90353 020 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # P05000136584</b><br>1. Entity Name<br><b>AMERICAN EAGLE MAINTENANCE SERVICE CO.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>201-182ND DRIVE STE 302<br/>SUNNY ISLES, FL 33160</b>  |  |  | Mailing Address<br><b>201-182ND DRIVE STE 302<br/>SUNNY ISLES, FL 33160</b>   |  |  |
| 2. Principal Place of Business<br><b>9541 E Bay Harbor Dr.</b><br>Suite, Apt. #, etc.<br><b># R8</b>   |  | 3. Mailing Address<br><b>9541 Bay Harbor Dr.</b><br>Suite, Apt. #, etc.<br><b># R8</b> |   |  |  |
| City & State<br><b>Bay Harbor Island</b><br>Zip<br><b>33154</b>  |  | City & State<br><b>Bay Harbor Island</b><br>Zip<br><b>33154</b>                        |   | 4. FEI Number<br><b>74-3152371</b>   |  |
| Country<br>  |  | Country<br>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEGOVIA, LUCY E</b><br><b>201-182ND DRIVE STE 302</b><br><b>SUNNY ISLES, FL 33160</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>LUCY E. SEGOVIA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9541 E. BAY HARBOR DRIVE - R8</b><br>City <b>BAY HARBOR ISLAND FL</b> Zip Code <b>33154</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.<br>SIGNATURE  DATE <b>03-10-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>SEGOWIA, LUCY E</b><br><b>201-182ND DRIVE STE 302</b><br><b>SUNNY ISLES, FL 33160</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>LUCY E. SEGOVIA</b><br><b>9541 E. BAY HARBOR DR. - R-8</b><br><b>BAY HARBOR ISLAND - FL - 33154</b>                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>JAVIER-GUSTAVO ROVAI</b><br><b>9541 E. BAY HARBOR DR. - R-8</b><br><b>BAY HARBOR ISLAND - FL - 33154</b>                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>  |  |
| 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:    |  |  | 03-10-06  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>   |  |  |

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