


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P40499		
1. Entity Name PUBLIC UTILITIES MAINTENANCE, INC		

Principal Place of Business 106-18 ASTORIA BLVD ELMHURST, NY 11369 US	Mailing Address 106-18 ASTORIA BLVD ELMHURST, NY 11369 US
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3097627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROEKER, DOUGLAS, ESQ. 88 WEST FLAGLER STREET SUITE 1000 MIAMI, FL 33130	
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)


**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ODP BORTOLIS, EMMANUEL 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BORTOLIS, EMMANUEL 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BORTOLIS, JOHN 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04
Date Chapter 607, Florida Statutes