


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 106-18 ASTORIA BLVD 106-18 ASTORIA BLVD
 ELMHURST, NY 11369 US ELMHURST, NY 11369 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 11-3097527 Not Applicable

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

6. Name and Address of Current Registered Agent
 BROEKER, DOUGLAS, ESQ.
 66 WEST FLAGLER STREET
 SUITE 1000
 MIAMI, FL 33130

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CDP 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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100000191988
 01/25/05-0001-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.

SIGNATURE: Emmanuel Bortolis Date: 1-18-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR