


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # J57409 1. Entity Name ORLANDO'S PROFESSIONAL MAINTENANCE, INC.		
Principal Place of Business 11601 N.W. 17TH COURT PLANTATION, FL 33323	Mailing Address 11601 N.W. 17TH COURT PLANTATION, FL 33323	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILIAN, ORLANDO 11601 NW 17 COURT PLANTATION, FL 33323		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MILIAN, ORLANDO 11601 NW 17 COURT PLANTATION, FL 33323	
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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)(f), 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: <u><i>Orlando Milian</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/17/05</u> Daytime Phone # <u>(954) 424-9225</u>



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0002232

Applied For
Not Applicable

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

000000233897
04/08/05-80046-015 150.00

**DO NOT WRITE
IN THIS SPACE**