

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 022 ***150.00

DOCUMENT # L01554 1. Entity Name ALLIED MAINTENANCES, INC.					
Principal Place of Business 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES FL 33134 US			Mailing Address 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0246133 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M., ESQ. 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$650.00. Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SUAREZ, RICARDO S. 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SUAREZ, JOAQUIN PEDRO 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SUAREZ, MARIA ISABEL 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				A/20/04 304921-1450 Date Daytime Phone #	