

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SUAREZ, RICARDO S.**
STREET ADDRESS **717 PONCE DE LEON BLVD., SUITE 317**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **SUAREZ, JOAQUIN PEDRO**
STREET ADDRESS **717 PONCE DE LEON BLVD., SUITE 317**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **SUAREZ, MARIA ISABEL**
STREET ADDRESS **717 PONCE DE LEON BLVD., SUITE 317**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000337998
04/28/05-80013-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

22-4-2005 305-461-1650
Date Daytime Phone #