

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 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**



01142008 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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04/24/06-80010-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date **15/2/2006** **305461-1650**
Daytime Phone #