


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02063 1. Entity Name PROPER MAINTENANCE, INC.	
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Principal Place of Business 15035 SW 142 CT MIAMI, FL 33186	Mailing Address 15035 SW 142 CT MIAMI, FL 33186
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05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0140810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IANNUZZI, FRANK
15033 SW 142 CT
MIAMI, FL 33186

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-17-04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000161124
05/20/04-80006-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD IANNUZZI, FRANK 15033 SW 142 ST MIAMI, FL 33186
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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)(b), 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:  **Frank Iannuzzi** 5-17-04 305-256-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #