2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22904

FILED Mar 16, 2004 Secretary of State

		001		ocorciary or otate	
Entity Na	me: SURE MA	AINTENANCE, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
1800 OLD	MOODY BLVE)			
SUITE 1	EL 22440				
BONNELL	., FL 32110				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 3	INTENANCE 51091 AST, FL 32135	5			
FEI Number	: 59-2974313	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
4 OLD KIN	RP, PAUL M. JI IGS ROAD NO AST, FL 32307	RTH SUITE B			
The above in the State	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MINGOLA, ABE 46 LAKECLIFF ORMOND BEAG	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MINGOLA, PEN 46 LAKECLIFF ORMOND BEAG	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL P MINGOLA D 03/16/2004