

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90045 025 \*\*\*150.00

**DOCUMENT # M39005**

1. Entity Name  
**LONG - STAR MAINTENANCE INC.**



Principal Place of Business  
**C/O LUIS GOMEZ  
5272 NW 186 ST  
OPA LOCKA, FL 33055-2395 US**

Mailing Address  
**C/O LUIS GOMEZ  
5272 NW 186 ST  
OPA LOCKA, FL 33055-2395 US**

40118803



2. Principal Place of Business - No P.O. Box #  
**1641 SW 29 TER**  
Suite, Apt. #, etc.

3. Mailing Address  
**1641 SW 29**  
Suite, Apt. #, etc.

05232007 Chg-P CR2E034 (12/06)

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33312**  
Country  
**USA**

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**Ft. Lauderdale, FL**  
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**USA**

4. FEI Number  
**59-2720624**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

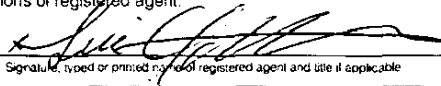
6. Name and Address of Current Registered Agent

**GOMEZ, LUIS  
5272 NW 186 ST  
OPA LOCKA, FL 33055-2395**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1641 SW 29 TER**  
City  
**Ft. Lauderdale** **FL** Zip Code  
**33312**

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 re-stating)

DATE  
**5/23/07**

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

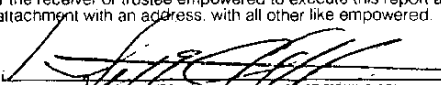
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOMEZ, LUIS 5272 NW 186 ST OPA LOCKA, FL 330552395	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1641 SW 29 TER Ft. LAUDERDALE, FL 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Pres**  
DATE  
**5/23/07**  
Daytime Phone #