2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # M76958 Apr 25, 2006 08:00 AN 1. Entity Name **Secretary of State** G & A MAINTENANCE, INC. Principal Place of Business Mailing Address 7541 N.E. 3RD PLACE 7541 N.E. 3RD PLACE MIAMI FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0044807 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERMAN, JOCELYN Street Address (P.O. Box Number is Not Acceptable) 7541 NE 3RD PLACE **MIAMI FL 33138** City Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Additi-NAME BERMAN, JOCELYN NAME STREET ADDRESS 7541 NE 3RD PLACE STREET ADORESS U00000533285 CITY-SI-DP MIAMI FL 33138 CITY-ST-ZIP 05/06/06-80118-001 ۷Þ TITLE Delete TITLE Addition NAME SKALET, PAMELA NAME STREET ADDRESS 7541 NE 3RD PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIF THILE Delete ☐ Change Addition NAME BERMAN, NEAL NAME STREET ADDRESS STREET ADDRESS 7541 NE 3RD PLACE CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and abcurate 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: