

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M76958 1. Entity Name G & A MAINTENANCE, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 7541 N.E. 3RD PLACE MIAMI FL 33138 | Mailing Address 7541 N.E. 3RD PLACE MIAMI FL 33138 |
|--|--|



| | | |
|---|---|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 4. FEI Number 65-0044807 Applied For Not Applicable |
|---|---|--|

1st MOORE CR2E034 (10/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent BERMAN, JOCELYN 7541 NE 3RD PLACE MIAMI FL 33138 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|----------------------|---------------------------------|
| TITLE | P BERMAN, JOCELYN | <input type="checkbox"/> |
| NAME | 7541 NE 3RD PLACE | |
| STREET ADDRESS | MIAMI FL 33138 | |
| CITY - ST - ZIP | | |
| TITLE | VP SKALET, PAMELA | <input type="checkbox"/> |
| NAME | 7541 NE 3RD PLACE | |
| STREET ADDRESS | MIAMI FL 33138 | |
| CITY - ST - ZIP | | |
| TITLE | T BERMAN, NEAL | <input type="checkbox"/> |
| NAME | 7541 NE 3RD PLACE | |
| STREET ADDRESS | MIAMI FL 33138 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

000000670575 Change Addition
 03/27/07-80121-006 150.00

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 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: *Jocelyn Berman* **Jocelyn Berman Pres. 3/19/07 305-751-2261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #