

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059603

FILED  
Mar 03, 2004  
Secretary of State

Entity Name: CMS MAINTENANCE SERVICES, INC.

**Current Principal Place of Business:**

P O BOX 81-6388  
HOLLYWOOD, FL 330816388 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 81-6388  
HOLLYWOOD, FL 330816388 US

**New Mailing Address:**

FEI Number: 65-1026534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VERRILLI, SALVATORE  
5355 SW 33RD TERRACE  
FORT LAUDERDALE, FL 333125375

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VERRILLI, SALVATORE  
Address: 5385 SW 33RD TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 333125575

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALVATORE VERRILLI

PRES

03/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date