

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074205

1. Entity Name
CLAS ACT MAINTENANCE, INC.



Principal Place of Business
1450 LINCOLN ROAD
SUITE 908
MIAMI BEACH, FL 33139

Mailing Address
1450 LINCOLN ROAD
SUITE 908
MIAMI BEACH, FL 33139



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1029920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAS, LUIS R
1450 LINCOLN ROAD
SUITE 908
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000013577
01/26/04-80058-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLAS, LUIS R
STREET ADDRESS	1450 LINCOLN ROAD SUITE 908
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1-22-04 (305) 219-4454

Date

Daytime Phone #