


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000087233</b>					
1. Entity Name <b>THE MAINTENANCE GROUP, INC.</b>					
Principal Place of Business <b>2513 NW 74TH AVENUE MIAMI FL 33122</b>			Mailing Address <b>2513 NW 74TH AVENUE MIAMI FL 33122</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Name and Address of Current Registered Agent					
<b>COLLADO, MIGUEL</b> <b>2513 NW 74TH AVE</b> <b>MIAMI FL 33122</b>					
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 re-instating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	COLLADO, MIGUEL				
STREET ADDRESS	2513 NW 74TH AVENUE				
CITY- ST- ZIP	MIAMI FL 33122				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	COLLADO, CRISTINA				
STREET ADDRESS	2513 NW 74TH AVENUE				
CITY- ST- ZIP	MIAMI FL 33122				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
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CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					



1st MOORE

CR2E034 (10/04)

4. FEI Number **65-1040750**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

U000000202475  
01/28/05-80110-020 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Miguel Collado**

Jan 21, 2005

(305) 639-2114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #