


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90091 045 \*\*\*150.00

<b>DOCUMENT # P01000058251</b>	
1. Entity Name <b>EDCARM JANITORIAL &amp; MAINTENANCE, INC.</b>	

Principal Place of Business <b>7409 NW 57TH ST. TAMARAC, FL 33319</b>	Mailing Address <b>7409 NW 57TH ST. TAMARAC, FL 33319</b>
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2. Principal Place of Business <b>5061 W. OAKLAND PK. BLVD Suite, Apt. #, etc. F101</b>	3. Mailing Address <b>5061 W. OAKLAND PK. BLVD Suite, Apt. #, etc. F101</b>
City & State <b>LAUDERDALE LAKES</b>	City & State <b>LAUDERDALE LAKES FL</b>
Zip <b>FL</b>	Country <b>33313</b>
Zip <b>33313</b>	Country <b>USA</b>



04042004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1116977</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GANZ, EDWARD 7409 NW 57TH ST. TAMARAC, FL 33319</b>	7. Name and Address of New Registered Agent Name <b>GANZ, EDWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>5061 W. OAKLAND PARK BLVD F101</b> City <b>LAUDERDALE LAKES FL</b> Zip Code <b>33313</b>
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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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GANZ, EDWARD 7409 NW 57TH ST. TAMARAC, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GANZ, EDWARD 5061 W. OAKLAND PARK BLVD F101 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>EDWARD GANZ</b>	Date <b>4-20-04</b>	Daytime Phone # <b>(954) 7149235</b>
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