

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 016 ***150.00

DOCUMENT #	P01000058251	2007
1. Entity Name		
EDCARM JANITORIAL & MAINTENANCE INC		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
900 CORAL RIDGE DRIVE		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
102			
City & State		City & State	
CORAL SPRINGS, FL			
Zip	Country	Zip	Country
33071	USA		

40102185

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1116977		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
GANZ EDWARD	
Street Address (P.O. Box Number is Not Acceptable)	
900 CORAL RIDGE DRIVE APT 102	
City	Zip Code
CORAL SPRINGS	33071

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	GANZ EDWARD	900 CORAL RIDGE DRIVE APT 102	CORAL SPRINGS FL 33071		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

EDWARD GANZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 954 551-9886