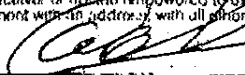


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000069767		
1. Entity Name (If an international corporation, the corporation must be incorporated in the State of Florida) MAXIMA ACTION MAINTENANCE, CORP.		
Principal Place of Business 13800 SW 8 ST 372 MIAMI, FL 33184		Mailing Address 13800 SW 8 ST 372 MIAMI, FL 33184
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CABRERA, OMAR 13800 SW 8 STREET SUITE 372 MIAMI, FL 33183		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 not applicable. (If the Registered Agent's signature is required when registered)		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CABRERA, OMAR 13800 SW 8 STREET, SUITE 372 MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 a <i>made under oath</i> , 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		



04292004 No Chg: P CP2L034 (10/03)

4. FCI Number **65-1126666** Applied For Not Applicable
5. Certification of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000149871
05/03/04-80203-018 150.00

**DO NOT WRITE
IN THIS SPACE**