## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000083902

1. Entity Name

ZVS MAINTENANCE SYSTEMS, INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

4421 JOHNSON ST, HOLLYWOOD, FL 33021 Mailing Address

4421 JOHNSON ST, HOLLYWOOD, FL 33021



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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1140389

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JULIAO, VINCENT 4421 JOHNSON ST. HOLLYWOOD, FL 33021

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ö.	. 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR GAVILAN, MONICA 3067 SW 138 AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIAO, VINCENT 4421 JOHNSON ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIAO, ZARIT 4421 JOHNSON ST. HOLLYWOOD, FL 33021
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is trueyend 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 of 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, withat other, like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #