

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092501

FILED
Apr 29, 2005
Secretary of State

Entity Name: EMS MAINTENANCE CORP.

Current Principal Place of Business:

521 VILLA DEL SOL CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

257 WINDROSE DRIVE
ORLANDO, FL 32824

Current Mailing Address:

521 VILLA DEL SOL CIRCLE
ORLANDO, FL 32824

New Mailing Address:

257 WINDROSE DRIVE
ORLANDO, FL 32824

FEI Number: 59-3745700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOZADA, MARISOL
Address: 426 SEA WILLOW DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: SD () Delete
Name: PAGAN, LENNIS
Address: 521 VILLA DEL SOL CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: PAGAN, LENNIS
Address: 521 VILLA DEL SOL CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: TD () Delete
Name: PAGAN, LENNIS
Address: 521 VILLA DEL SOL CIRCLE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PAGAN, LENNIS
Address: 257 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: VD (X) Change () Addition
Name: PAGAN, LENNIS
Address: 257 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: TD (X) Change () Addition
Name: PAGAN, LENNIS
Address: 257 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISOL LOZADA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date