2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092501

Entity Name: EMS MAINTENANCE CORP.

FILED Aug 21, 2007 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
257 WINDR ORLANDO,	OSE DRIVE FL 32824			VA CIRCLE E, FL 34741	os	
Current Mailing Address:			New Maili	New Mailing Address:		
257 WINDR ORLANDO,	OSE DRIVE FL 32824			VA CIRCLE E, FL 34741	OS	
FEI Number:	59-3745700	FEI Number Applied For()	El Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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						
	e with s. 607.19	93(2)(b), F.S., the corporation did not re	ceive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (LOZADA, MAR 426 SEA WILL KISSIMMEE, F	OW DRIVE	Title: Name: Address: City-St-Zip:	PD (X) LOZADA, MARIS 652 CAPTIVA CI KISSIMMEE, FL	IRCLE	
Title: Name: Address: City-St-Zip:	SD (PAGAN, LENN 257 WINDROS ORLANDO, FL	SE DRIVE	Title: Name: Address: City-St-Zip:	SD (X) PAGAN, LENNIS 652 CAPTIVA CI KISSIMMEE, FL	IRCLE	
Title: Name: Address: City-St-Zip:	VD (PAGAN, LENN 257 WINDROS ORLANDO, FL	SE DRIVE	Title: Name: Address: City-St-Zip:	VD (X) PAGAN, LENNIS 652 CAPTIVA CI KISSIMMEE, FL	IRCLE	
Title: Name: Address: City-St-Zip:	TD (PAGAN, LENN 257 WINDROS ORLANDO, FL	SE DRIVE	Title: Name: Address: City-St-Zip:	TD (X) PAGAN, LENNIS 652 CAPTIVA CI KISSIMMEE, FL	IRCLE	
Title: Name: Address: City-St-Zip:	D (X FRESNEDA, E 426 SEA WILL KISSIMMEE, F	OW DR	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOZADA MARISOL PD 08/21/2007