2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# P01000092501

Entity Name: EMS MAINTENANCE CORP.

Current Principal Place of Business:

652 CAPTIVA CIRCLE
KISSIMMEE, FL 34741 OS

New Principal Place of Business:

161 WHITE BIRCH DR
KISSIMMEE, FL 34743 OS

Current Mailing Address:

652 CAPTIVA CIRCLE
KISSIMMEE, FL 34741 OS

New Mailing Address:

161 WHITE BIRCH DR
KISSIMMEE, FL 34743 OS

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: 652 CAPTIVA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: SD ( ) Delete
Name: PAGAN, LENNIS
Address: 652 CAPTIVA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete
Name: PAGAN, LENNIS
Address: 652 CAPTIVA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: TD ( ) Delete
Name: PAGAN, LENNIS
Address: 652 CAPTIVA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOZADA, MARISOL
Address: 161 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

Title: SD (X) Change ( ) Addition
Name: PAGAN, LENNIS
Address: 161 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

Title: VD (X) Change ( ) Addition
Name: GUTIERREZ, FRANCISCO J
Address: 161 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

Title: TD (X) Change ( ) Addition
Name: PAGAN, LENNIS
Address: 161 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

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: MARISOL LOZADA PD 02/12/2008

Electronic Signature of Signing Officer or Director Date