

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092501

Entity Name: EMS MAINTENANCE CORP.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

161 WHITE BIRCH DR
KISSIMMEE, FL 34743 OS

Current Mailing Address:

161 WHITE BIRCH DR
KISSIMMEE, FL 34743 OS

New Principal Place of Business:

200 AVENUE K S.E
#340
WINTER HAVEN, FL 33880 PK

New Mailing Address:

200 AVENUE K S.E
#340
WINTER HAVEN, FL 33880 PK

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: 161 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOZADA, MARISOL
Address: 200 AVENUE K S.E #340
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change () Addition
Name: PAGAN, LENNIS
Address: 200 AVENUE K S.E 340
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD (X) Change () Addition
Name: PAGAN, LENNIS I
Address: 200 AVENUE K S.E #340
City-St-Zip: WINTER HAVEN, FL 33880

Title: MG (X) Change () Addition
Name: RAMOS, EVELIO
Address: 200 AVENUE K S.E #340
City-St-Zip: WINTER HAVEN, FL 33880

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date