2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P01000118621

FILED Mar 23, 2005 8:00 am Secretary of State

TOTAL MAINTENANCE SERVICE CO	1. Entity Name				u (C	
	TOTAL MAINTENANCE SERVICE CORP.			05 90035 015 ***158	3.75	
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Division Plana (P.	NA-70 A A A					
Principal Place of Business Mailing Address						
1441 WEST 81ST ST 1441 WEST 81ST ST HIALEAH FL 33014-3351 HIALEAH FL 33014-335		351				
•					-9	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					4>	
			1st MOORE	CR2E034 (10	/04)	
City & State City & State		<u> </u>	4. FEI Number	4. FEI Number 41-2026844		
			41-20		Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status I		75 Additional	
6. Name and Address of Current	Posistored Asset	<u> </u>	7 Normand Address	of New Registered Agen	Required	
G. Name and Address of Current	hegistered Agent	Name	0			
MCDONALD, DAVID M		JORGO	e L. GUZ:		·	
(1393 SW FIRST ST. \		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 200		14.17				
MH4MT FL 33135			· · · · · · · · · · · · · · · · · · ·		7:-0	
		HIALA	ah		Zip Code 3 <i>3014 - 335</i> .	
8. The above named entity submits this statement for	or the purpose of changing it	s registered office or regi	stered agent, or both, in the S	tate of Florida. I am famili	ar with, and accept	
the obligations of registered agent.						
SIGNATURE		TORGE L. G.		3/17/05 DATE		
Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9 Flection	on Campaign Financing	\$5.00 May Be	
After May 1, 2005 Fee Will Be \$550.00				Fund Contribution.	Added to Fees	
Make Check Payable to Florida Department o	@16863846416.					
10. OFFICERS AND		11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR		
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STREET ADDRESS 8039 NW 66 ST.		STREET ADDRESS				
CITY OF THE MINAME EL COMO		JUILLE ADDITESS				
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP				
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	☐ Delete	CITY-ST-ZIP			Change Addition	
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indicated on this report or supplemental report is true and 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 or 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, with all other like empowered.

SIGNATURE: JORGE 1. GUZMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR