


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 023 ***150.00

DOCUMENT # P02000047472		
1. Entity Name NR GENERAL OFFICE MAINTENANCE, INC.		

Principal Place of Business 1050 NW 146 ST MIAMI, FL 33168	Mailing Address 1212 SW ST MIAMI, FL 33135
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2. Principal Place of Business 1050 NW 146 St	3. Mailing Address 1212 SW 2 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

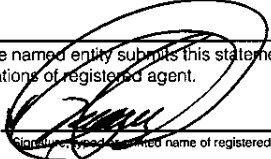
City & State Miami FL	City & State Miami FL	4. FEI Number 02-0610181	Applied For <input type="checkbox"/> Not Applicable
Zip 33168	Country USA	Zip 33135	Country USA

03092004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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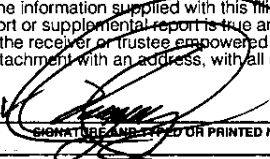
6. Name and Address of Current Registered Agent VASALLO, JANET 1212 SW 2 STREET CORAL GABLES, FL 33146	
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7. Name and Address of New Registered Agent Name NORMA Rubens Street Address (P.O. Box Number is Not Acceptable) 1050 NW 146 Street City Miami FL Zip Code 33168	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 3/9/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBENS, NORMA 1050 NW 146TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date: 3/9/04 Daytime Phone #: (305) 608-3200