

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 036 ***150.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P02000108636 1. Entity Name MAINTENANCE & SERVICES K&F, INC. | | | |
| Principal Place of Business 1725 MAIN STREET STE 205 WESTON, FL 33326 | | Mailing Address 1725 MAIN STREET STE 205 WESTON, FL 33326 | |
| 2. Principal Place of Business 2750 NW 44 ST Suite, Apt. #, etc. 707 | | 3. Mailing Address 2750 NW 44 ST Suite, Apt. #, etc. 707 | |
| City & State OAKLAND PARK, FL | | City & State OAKLAND PARK, FL | |
| Zip 33309 | Country USA. | Zip 33309 | Country USA |
| 4. FEI Number 27-0034126 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOVAR, ILEANA A ESQ 1725 MAIN STREET STE 205 WESTON, FL 33326 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT CASTILLO, FRANKLIN 1725 MAIN STREET STE 205 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT CASTILLO, FRANKLIN 2750 NW 44 ST. #707 OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS PETRILLO, KATY 1725 MAIN STREET STE 205 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS PETRILLO, KATY 2750 NW 44 ST. #707 OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ | | 04/23/04 (954) 471 64 93 Date Daytime Phone # | |