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Secretary of State
02-09-2004 90018 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009011

1. Entity Name
COMMERCIAL BUILDING MAINTENANCE SERVICES, INC.

Principal Place of Business	Mailing Address
~~12419 BLACKSMITH DRIVE~~ ~~208~~ ~~ORLANDO, FL 32837~~	P O BOX 770182 ORLANDO, FL 32837

02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15028 AZURE DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORlANdo FloRidA	City & State
Zip: 32824 Country: USA	Zip Country

4. FEI Number 16-1652986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES, LUIS ~~12419 BLACKSMITH DRIVE~~ ~~208~~ ~~ORLANDO, FL 32837~~	Name: REYES, Luis Street Address (P.O. Box Number is Not Acceptable): 15028 AZURE DRIVE City: ORlANdo FL Zip Code: 32824

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	☐ Delete	TITLE PRESIDENT NAME LUIS REYES STREET ADDRESS 15028 AZURE DRIVE CITY-ST-ZIP ORlANdo, Fl. 32824	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 02-04-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #