
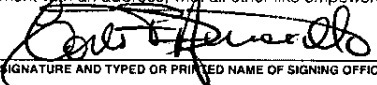


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90027 014 \*\*\*150.00

<b>DOCUMENT # P03000009811</b> 1. Entity Name <b>J &amp; A MAINTENANCE SERVICES, INC.</b>					
Principal Place of Business <b>601 NW 42ND AVE, APT 709 PLANTATION, FL 33317</b>			Mailing Address <b>601 NW 42ND AVE, APT 709 PLANTATION, FL 33317</b>		
2. Principal Place of Business <b>8096 NW 10th St</b>		3. Mailing Address <b>8096 NW 10th St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>		4. FEI Number <b>05-0553108</b>	
Zip <b>33322</b>		Country <b>US.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33322</b>		Country <b>US</b>		6. Name and Address of Current Registered Agent <b>JOSEPH K. NOFIL, P.A. 3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319</b>	
7. Name and Address of New Registered Agent Name <b>Joseph K. NOFIL, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3284 N. State Rd 7</b> City <b>Lauderdale Lakes</b> FL <b>33319</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS AMARILLO, CARLOS 601 NW 42ND AVE, APT 709 PLANTATION, FL 33317</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Amarillo, Carlos 8096 NW 10th St Plantation, FL 33322.</b> <input checked="" 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	
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	
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: 			4/15/04 (954) 472-4074		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					