

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90504 049 ***150.00

DOCUMENT # P03000013395

1. Entity Name

G & D MAINTENANCE, INC.



Principal Place of Business

317 S BISCAYNE RIVER DR
NORTH MIAMI FL 33169

Mailing Address

317 S BISCAYNE RIVER DR
NORTH MIAMI FL 33169

2. Principal Place of Business

317 S BISCAYNE RIVER DR

Suite, Apt. #, etc.

N/A

3. Mailing Address

317 S BISCAYNE RIVER DR

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

DAVE

Zip

33169

Country

DAVE

4. FEI Number

59-3767456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO
4011 W FLAGLER ST STE 403
MIAMI FL 33134

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUARTE, GUILLERMO	
STREET ADDRESS	317 BISCAYNE RIVER DR	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUARTE, GENOVEVA	
STREET ADDRESS	317 BISCAYNE RIVER DR	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 (305) 255-9239