


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 044 ***150.00

DOCUMENT # P03000023328		
1. Entity Name GMK MAINTENANCE & CLEANING SERVICE CORP.		

Principal Place of Business 3800 NE 14TH AVE. POMPANO BEACH, FL 33064	Mailing Address 3800 NE 14TH AVE. POMPANO BEACH, FL 33064
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2. Principal Place of Business 5304 NW 54 STREET	3. Mailing Address 5304 NW 54 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State COCONUT CREEK	City & State COCONUT CREEK
Zip 33073	Zip 33073
Country USA	Country USA



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 41-2081502	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 OLIVEIRA, GEOVANI M. 3800 NE 14TH AVE. POMPANO BEACH, FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PV OLIVEIRA, GEOVANI M 3800 NE 14TH AVE. POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5304 NW 54 STREET COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MORETTI, KARLA R 3800 NE 14TH AVE. POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5304 NW 54 STREET COCONUT CREEK, FL 33073 <input checked="" 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 exemptions contained in Chapter 119, 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: _____ **04/14/06**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #