2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P03000026571 Mar 12, 2005 08:00 AM **Secretary of State** HIGH QUALITY BUILDING MAINTENANCE CORPORATION Principal Place of Business Mailing Address 2727 W FLETCHER #10B 2727 W FLETCHER #10B **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 54-2101080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGREDO-SILVA, CHRISTIAN E Street Address (P.O. Box Number is Not Acceptable) 2727 W FLETCHER #10B TAMPA FL 33618 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete HILE ☐ Change ☐ Addition AGREDO-SILVA, CHRISTIAN E NAME NAME STREET ADDRESS 2727 W FLETCHER #10B STREET ADDRESS U000000261065 TAMPA FL 33618 CITY-ST-7IP 03/12/05-80048-023 150.00 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-ST-ZIP TITLE ☐ Delete BHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIJY-SJ-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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.