2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # P03000031833** 04-08-2004 90025 010 ***150.00 J.M. BUILDING & MAINTAINING, INC. Principal Place of Business Mailing Address 4240 SW 135TH AVE 4240 SW 135TH AVE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address 25789 SW 124 CT 25789 SW 124 CT Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chq-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Homestead, Florida Florida 02-0676788 Homestead Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired U-5.A U.S.A 33 032 33 032 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miranda Tesus MIRANDA, JESUS Street Address (P.O. Box Number is Not Acceptable) 4240 SW 135TH AVE 25789 SW 124 CT MIAMI, FL 33175 Zip Code 33 032 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 ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition Delete Miranda Fesus MIRANDA, JESUS NAME NAME 25789 SW 124 CT STREET ADDRESS 4240 SW 135TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP Homestead, FL, 33032 VST TITLE ☐ Delete TITLE Change Addition Acosta Tania ACOSTA, TANIA NAME NAME 25789 SW 124 CT 4240 SW 135TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-7IP Homestead - FL - 33 032 -TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ____ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE ИАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED