

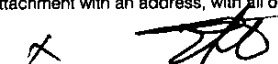


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90019 042 ***150.00

DOCUMENT # P03000053046 1. Entity Name 24 HOURS GENERAL MAINTENANCE, CORP.					
Principal Place of Business 4238 WEST 16 AVE HIALEAH, FL 33012			Mailing Address 4238 WEST 16 AVE HIALEAH, FL 33012		
2. Principal Place of Business 1111 SE 14 TH ST Suite, Apt. #, etc.		3. Mailing Address 1111 SE 14 TH ST Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 86-1066042	
Zip 33990-3718		Country CAPE CORAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, EMERIO 7601 VENETIAN STREET APT: D HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name: HERNANDEZ, EMERIO Street Address (P.O. Box Number is Not Acceptable) 1111 SE 14 TH ST City: CAPE CORAL FL Zip Code: 33990-3718	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERNANDEZ, EMERIO 7601 VENETIAN STREET APT: D HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERNANDEZ, EMERIO 1111 SE 14 TH ST CAPE CORAL FL 33990-3718
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		