## 2006 FOR PROFIT CORPORATION

## Mar 15, 2006 8:00 am Secretary of State ANNUAL REPORT 03-15-2006 90089 017 \*\*\*160.00 **DOCUMENT # P03000058444** 1. Entity Name AM-BET-EL MAINTENANCE, CORP. A Maria Salah Salah Salah Principal Place of Business Mailing Address 750 SW 64TH WAY 750 SW 64TH WAY PEMBROKE PINE, FL 33023 PEMBROKE PINES, FL 33023 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3897541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORENO, ALEJANDRO DO NOT WRITE 750 SW 64TH WAY PEMBROKE PINES, FL 33023 IN THIS SPACE 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: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE MORENO, ALEJANDRO NAME STREET ADDRESS 750 SW 64TH WAY PEMBROKE PINES, FL 33023 CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE

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 employered 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 applications, with pix original learning that the information indicated in 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 employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

**FILED**