


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90052 001 \*\*\*450.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000072768</b>  |  |
| 1. Entity Name<br><b>ONE SOURCE RETAIL MAINTENANCE SERVICES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>558 HIALEAH DR., STE. 6<br/>HIALEAH, FL 33010</b> | Mailing Address<br><b>558 HIALEAH DR., STE. 6<br/>HIALEAH, FL 33010</b> |
|---|---|

**66406605**



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

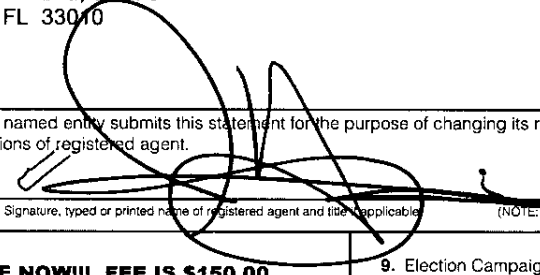
03072004 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-0629743</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

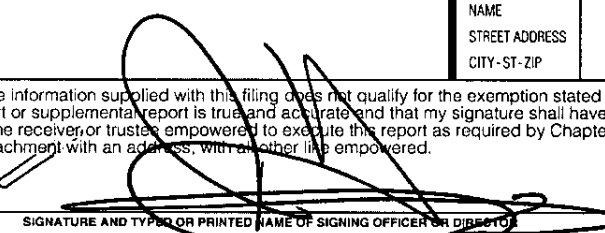
|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GARCIA, MERCY<br/>558 HIALEAH DR., STE. 6<br/>HIALEAH, FL 33010</b> |  |
|---|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>PAUL GARCIA</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>558 HIALEAH DR #6</b><br>City <b>Hialeah</b> FL Zip Code <b>33010</b> |  |
|---|--|

|   |  |                     |
|---|--|---------------------|
| 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.<br>SIGNATURE: <br>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) |  | DATE <b>3/12/04</b> |
|---|--|---------------------|

|   |                         |  |   |  |  |
|---|-------------------------|--|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> |                         |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE   | D                       | <input checked="" type="checkbox"/> Delete | TITLE   | D/VP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | GARCIA, MERCY           |  | NAME  | ZVI CHAMU  |  |
| STREET ADDRESS  | 558 HIALEAH DR., STE. 6 |  | STREET ADDRESS  | 13148 Heather Moss DR #320   |  |
| CITY-ST-ZIP   | HIALEAH, FL 33010       |  | CITY-ST-ZIP   | Orlando FL 32837   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete            | TITLE   | D/P  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GARCIA, PAUL            |  | NAME  | GARCIA, PAUL   |  |
| STREET ADDRESS  | 558 HIALEAH DR., STE. 6 |  | STREET ADDRESS  | 558 HIALEAH DR #6  |  |
| CITY-ST-ZIP   | HIALEAH, FL 33010       |  | CITY-ST-ZIP   | Hialeah FL 33010   |  |
| TITLE   | D                       | <input checked="" type="checkbox"/> Delete | TITLE   | D/S  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | GARCIA, JORGE           |  | NAME  | LISA GARCIA  |  |
| STREET ADDRESS  | 558 HIALEAH DR., STE. 6 |  | STREET ADDRESS  | 558 HIALEAH DR #6  |  |
| CITY-ST-ZIP   | HIALEAH, FL 33010       |  | CITY-ST-ZIP   | Hialeah FL 33010   |  |
| TITLE   |                         | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME  |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP   |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME  |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP   |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME  |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP   |  |  |

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| 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 another like empowered. |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Date <b>3/12/04</b><br>Daytime Phone # |