2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					May 10, 2006 08:00 AM			
DOCUMENT # P03000077681 1. Entity Name ONE CHOICE PROPERTY MAINTENANCE SERVICES, INC.					Secreta	ry of Stat	te	
	OVIEW BLVD	lalling Address 7648 GRANDVIEW BLVD MIRAMAR, FL 33023			// <i>///////////////////////////////////</i>	Is dully sware there became the	Bi (C Olo wer 11 1986)	
DO NOT WRITE IN THIS SPA			CE	04272 4. FEI 1 81-	_ _	CR2E034 (11/0	Applied For Not Applica	
			aler .	5. Certi	ficate of Status Desired	\$8.75 Fee Requ	Additional Ilred	
6. Name and Address of Current Registered Agent JOSEPH, PATRICK 700 NW 214TH STREET SUITE 321 MIAMI, FL 33169 8. The above named entity submits this statement for the purpose of changing its registers			DO NOT WRITE IN THIS SPACE					
	Signature, typed or primited name of registered agent and title			required when reinstat		DATE	in, and acce	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May in Added to Fees	3 9			
TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE	OFFICERS AND DIRE D JOSEPH, PATRICK 700 NW 214TH STREET SUITE 321 MIAMI, FL 33169	CTORS				00565233 6-80118-015	5 150.0	
NAME STREET ADDRESS CXTY-ST-ZIP TITLE NAME STREET ADDRESS					 	-	er ja nertur e te	
CITY-ST-ZIP WILE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS								

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 gue and adducte 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 receiving of 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: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CKTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/06

Oate

7 \$6-643-1574 Daytime Phone #