

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-29-2004 90036 007 ***150.00

DOCUMENT # P03000088932 1. Entity Name GREYHOUND MAINTENANCE, INC.					
Principal Place of Business 8672 JASMINE WAY BOCA RATON FL 33476			Mailing Address 8672 JASMINE WAY BOCA RATON FL 33476		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 27-0065430	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, JAMIE ESQ FOUNTAINS OF PLANTATION BUSINESS PARK 1242 N UNIVERSITY DRIVE PLANTATION FL 33322				7. Name and Address of New Registered Agent Name Heather Zardus Street Address (P.O. Box Number is Not Acceptable) 4300 N University Dr Suite D-106 City Lauderhill FL Zip Code 33351	
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 obligation of registered agent. SIGNATURE Heather O. Zardus DATE 3/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			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	D GREENBERG, JOEL E 1242 N UNIVERSITY DR PLANTATION FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenberg, Joel 4300 N University Dr, Suite D-106 Lauderhill, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 all other I/like empowered.					
SIGNATURE: Joel E Greenberg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/04 954 749-0500 <small>Date Daytime Phone #</small>		

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MOORE CR2E034 (11/03)