

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90035 003 \*\*\*150.00

<b>DOCUMENT # P03000114957</b> 1. Entity Name <b>O &amp; A MAINTENANCE &amp; REPAIR INC.</b>																																					
Principal Place of Business <b>1475W. 38TH PLACE, APT 206 HIALEAH, FL 33012</b>			Mailing Address <b>1475W. 38TH PLACE, APT 206 HIALEAH, FL 33012</b>																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																		
4. FEI Number <b>20-0313308</b>			Applied For <input type="checkbox"/> Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent <b>ANTUNEZ, ORLANDO 1475 W. 38TH PLACE, APT 206 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																		
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:  DATE: <b>02/25/04</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <b>P ANTUNEZ, ORLANDO 1475W. 38TH PLACE, APT 206 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P ANTUNEZ, ORLANDO 1475W. 38TH PLACE, APT 206 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			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 like empowered. SIGNATURE:  DATE: <b>02/25/04</b> DAYTIME PHONE #: <b>(305) 825-0523</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

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