2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P03000132615 1. Entity Name D & C GENERAL MAINTENANCE, INC.							~	07-14-200	04 90003 014 ***1	58.75
13964 SW 57 LANE			Mailing Address 13964 SW 57 LANE MIAMI, FL 33183				- - 	+ 4110# 1831 50 11 4111 1 1	###	
2. Principal Place of Business 3			3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.				07072004	Chg-P	CR2E034 (10/03)	
City & State			- City & State				4. FEI Numb 155. 0	B5191	9 - / A	oplied For ot Applicable
Zip	p Country Zip Co		Countr	У			of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address	of Current Regis	tered Agent		Δ		7. Name and	Address of New	Registered Agent	
OJEDA, M 13964 SW MIAMI, FL	57TH LANE			-	Special Age	NE ddregs (I		EKO er is Not Aceptab	ole) / /	
0 The sheet	(4//	M	11/)	FL 39	483
the obligated SIGNATURE	name emily submits this signs of registered agent. ENE Synature, typed or printed name of n	FIVER.	υ <	t	ne	register	ed agent of bo	oth, in the State of F	Florida. I am familiar with	and accept
	LE NOW!!! FEE IS \$1 ue by September 8,	2004	9. Election Campa Trust Fund Cont	•	cing	\$5. Add	00 May Be ed to Fees	In accordance corporation did	with s. 607.193(2)(b), d not receive the prior	F.S., the notice.
10.		CERS AND DIREC	CTORS	11.		1	ADDITIONS	/CHAMBES TO OF	FICERS AND DIRECTOR	S IN 11
NAME SIBEELADDRESS CUY-SI-ZIP	P OJEDA, MIRELLA 13964 SW 57 LANE MIAMI, FL 3183	**	Delete	TITLE NAME STREE CITY-S	T ADDRESS	139	ERO,	KCN #	7	Addition Addition
}	I WIAWI, L 5 105				31-211	40/1	, +30 / -C-	/		***************************************
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NAME				NAME						j
STREET ADDRESS CITY-ST-ZIP	i.			STREET City-9	T ADDRESS					
12. Thereby of indicated of the cor	certify that the information so on this report or supplement poration or the receiver or t	ntal report is true a rustee emnowere	and accurate and that r	r the exem	nption stat	ave the s	same legal effe	nt as if made under	r nath-that I am an officai	or director
changed.	or on an attachment with a	n address, with al	l other like empowered		•	- "	<i></i>	1	/ \	_

attachment

	REPORT	1//////////////////////////////////////					
DOCUMENT # P03000132 1. Enlity Name D & C GENERAL MAINTENANCE, II		44048381					
D & O OLIVERAL MAINTENANCE, II							
Principal Place of Business	Mailing Address						
13964 SW 57 LANE MIAMI, FL 33183	13964 SW 57 LANE Miạmi, FL 33183						
. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #. etc.	07072004 Chg-P CR2E034 (10/03)					
City & State Zip Country	City & State Zip Co	Applied For Not Applied For Not Applied For S8.75 Additional					
6. Name and Address of Current		5. Certificate of Status Desired					
6	Hadisteled Affeit	Name					
OJEDA, MIRELLA 13964 SW 57TH LANE MIAMI, FL 33183		Street Address (P.O. Box Number is Not Acceptable)					
il H		City Zip Code					
	r the purpose of changing its registe	stered 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 a	and title if applicable. (NOTE: Registe	stered Agent signature required when rensisting) DATE					
FILE NOW!!! FEE IS \$150.00 V Due by September 8, 2004	9. Election Campaign Fin. Trust Fund Contribution						
0. OFFICERS AND		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
ILE POJEDA, MIRELLA IRRELADORESS 13964 SW 57 LANE	N SI	TIFLE Change Addition NAME STREET ADDRESS					
IY-SI-ZIP MIAMI, FL 3183	Delete TI	TITLE Change Addition					
AME TREET ADDRESS ITY-ST-ZIP	sı	NAME STREET ADDRESS CITY-ST-ZIP					
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LE	13,000	TITLE , Change Addition					
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indicated on this report or supplemental report is	true and accurate and that my signa wered to execute this report as requ	exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director pulred by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if					
SIGNATURE:	IINTED NAME OF SIGNING OFFICER OR DIREC	7/0-1/0 A (786) 201-5425 ECTOR Date Date Daytime Phone #					