

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 026 ***150.00

DOCUMENT # P03000132615 1. Entity Name D & C GENERAL MAINTENANCE, INC.			
Principal Place of Business 13964 SW 57TH LN 10225 SW 35 ST MIAMI, FL 33183 MIAMI, FL 33165		Mailing Address 10225 SW 35 ST 10225 SW 35 ST MIAMI, FL 33165 MIAMI, FL 33165	
2. Principal Place of Business Suite, Apt. #, etc. MIAMI FL 33165		3. Mailing Address Suite, Apt. #, etc. MIAMI FL 33165	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33165		Zip 33165	
Country U.S.		Country U.S.	
4. FEI Number 55-0851919		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 RIVERO, RENE 13964 SW 57TH LN 10225 SW 35 ST MIAMI, FL 33183 MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Rene Rivero Street Address (P.O. Box Number is Not Acceptable) 10225 SW 35 ST City MIAMI FL Zip Code 33165	
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 <u><i>Rene Rivero</i></u> DATE _____ <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, 2005 Fee will be \$550.00		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 P NAME RIVERO, RENE STREET ADDRESS 13964 SW 57TH LN CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE P NAME RIVERO, RENE STREET ADDRESS 10225 SW 35 ST CITY-ST-ZIP MIAMI, FL 33165	<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
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
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
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
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: <u><i>Rene Rivero</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/17/05</u> Daytime Phone # <u>305 220-9611</u>	

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