2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073790

FILED Sep 11, 2006 Secretary of State

Entity Name: SOUTH FLORIDA PROPERTY MAINTENANCE AND IMPROVEMENTS, INC.

Current Principal Place of Business: New Principal Place of Business: 1205 NW 116 TER MIAMI, FL 33167 **Current Mailing Address: New Mailing Address:** 1205 NW 116 TER MIAMI, FL 33167 FEI Number: 26-0112665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, RENELIQUE 1205 NW 116 TER MIAMI, FL 33167 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PIERRE, RENELIQUE PIERRE, RENELIQUE Name: Name: 1205 NW 116 TER 1205 NW 116 TER Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: MIAMI, FL 33167 Title: VΡ Title: () Delete (X) Change () Addition Name: PIERRE. WOLVENS Name: DOLCEMA, JOSECHEBA 1205 NW 116 TER 1205 NW 116 TER Address: Address: MIAMI, FL 33167 City-St-Zip: City-St-Zip: MIAMI, FL 33167 Title: (X) Delete Title: () Change () Addition WILSON, PIERRE HENRI Name: Name: 15724 NF 12 AVE Address: Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: Title: DIR (X) Delete Title: () Change () Addition MENARR, PATRICK CORRIOL Name: Name: Address: 14730 NE 9 CT Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE RENELIQUE P/VP 09/11/2006