# FILED May 01, 2007 8:00 am Secretary of State 04-18-2007 90157 031 \*\*\*150.00

4/1

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	NT #P0400009 ITENANCE & REPAR								
Principal Place of Bus 951 NE 149TH ST NORTH MIAMI, FL 3		Mailing Address 951 NE 149TH ST NORTH MIAMI, FL 33	161		HARRING	66012		IA BIPIN BERN	IIZITTAL EL PARA
2. Principal Place of E	Business - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb 56-246			<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Coun	ilry	5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	
	ame and Address of Current	Registered Agent		Name	7. Name an	d Address of New F	Registered A	gent	
BERROA APONT 951 NE 149TH S NORTH MIAMI, F	₹ '			Street Address (P.O. Box Number is Not Acceptable)					
·				City			FL	Zip Cod	10
8. The above named the obligations of re	entity submits this statement	purpose of changing its	registara	d office or register	ed agent, or bo	oth, in the State of Fe		smiliar with,	and accept
SIGNATURE	ally	and tide if applicable. (NOT	F Renewa	d Agors agnature required	Lucken americans		DATE	•	
FILE NOV	VIII FEE IS \$150.00 007 Fee will be \$550.	9. Election Campa	ign Finan	ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND	<del></del>	11.	·	ADDITIONS	L /CHANGES TO OFF			S IN 11
STREEF ADDRESS 951 N	OA APONTE, ANDRES J E 149TH ST TH MIAMI, FL 33161	☐ Deleta						☐ Change	☐ Addition
STREET ADDRESS 951 N	OA, MARIA D E 149TH ST	☐ Delete		ET ADORESS				☐ Change	Addition
TITLE NAME	H MIAMI, FL 33161	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS = CITY-ST-ZIP	<u>.</u>		SIRE	ET ADORESS - ST-ZIP					<b>-</b> -
TITLE NAME STREET ADDRESS CITY- 9T-ZIP		☐ Delete		· ·				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	4					☐ Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeta	FITLE MAANE STREE	_				Change	Addition
12. I hereby certify the indicated on this roof the corporation	at the information supplied with eport or supplemental report in or the receiver or trustee emp of attachment with an address.	s true and accurate and that re owered to execute this report	or the exe my signati as requir	imptions contained ure shall have the	ame legal effe	ct as if made under o	oath: that I an	n an officer	or director 1
SIGNATURE	: Nanayung Ang Propagation	Hydred HAME OF SIGNING OFFICER	OR DIRECT	OR		Dele	Day	fime Phone #	

ATTACHMENT 66012439

#PX400099463

OMB No. 1545-0890

OMB No. 1545-0890

Form 1120-A

Depart	ment o	of the Treasury			006 or tax year								_   2006	
Interna	I Reve	enue Service	► See		instructions to	make su	re the co	orporation	on qual	ifies to fi	le Form 11			
				Name								B	Employer ID number	
A CI	heck	this box if	Use IRS		MAINTENA					IC			56-2464647	_
		rporation is	label.	1 .	et, and room or suit	e number. If	a P.O. box	, see instru	uctions.			C	Date incorporated	
		onal service ation (see	Otherwise, print or	951 N	E 149TH S	r							06/29/04	
		tions)	type.	City or town					state	ZIP code		D	Total assets (see instruction	าร)
				MIAMI					FL	3316	1	1		
E Ch	neck	if: (1)	Initial re	turn (2)	Final return	(3)	Name	change	(4)	Addr	ess change	\$	1,230	).
F Ch	neck	accounting met	hod: (1)	Cash	(2) X Acc	rual	(3)	Other (s	pecify)	►	_			_
	1:	a Gross receipts or	sales	47,	737. b Less						Balance -	1 c	47,737	<del></del>
	2	Cost of goods	sold (see in				_					2	-	_
	3	Gross profit. S	Subtract line	2 from line	1c	,						3	47,737	<i>ī</i> .
N N	4	Domestic corp	oration divid	lends subje	ct to the 70% of	deduction					[	4		_
С	5	Interest								,	[	5		
0	6	Gross rents .									[	6		
ME	7.	Gross royaltie	s									7	•	
	8	Capital gain n	et income (a	ttach Sche	dule D (Form 1	120))					<u> </u>	8		
	9				art II, line 17 (a							9		_
	10				ıle)							10		
	11										1		47,737	<u>'</u> -
DF	12	Compensation	,	•	•						_	12		
ΕÒ	13		<i>y</i> (		t credits)						-	13		_
	ı	Repairs and n									-	14		
C I	15											15		_
Ţ M	16											16	3,000	<u> </u>
OĀ	17											17		—
N T	18										-	18		—
So	_	Charitable cor									-	19 20	<u></u>	
S S	20	•			med elsewhere ion (attach For		•				-	21		—
E 0	21	Other deduction										22	43,836	_
N	23											23	46,836	
N D S E T D	24				loss deduction							24	901	_
RN	ı	Less: a Net o								1116 23 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		301	÷
SS	23				ructions)						,	25 c		
	26	Taxable incor	ne Subtract	line 25c fre	m line 24	,			.5 01			26	901	_
T		Total tax (pag										27	135	_
A X		a 2005 overpayı					<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · ·				<u>··</u>
^	ı	<b>b</b> 2006 estimate			<del></del>			+		•. •	1	**		
A	l	c 2006 refund appli-	, ,						8 d	<del>- Budden (Bennessa</del> e) (1 mag)	Character eternite e			
N D		e Tax deposited							8 e		·	artier"		
_	l	Continue (1) For	m		(2) Form				81					
PA	ı	g Credit for fede	9	e evcise ta	_ ` 4136 v (attach Form	8913)						28 g		
Υ		h Total paymen	-		•							28 h		
M E		Estimated tax									▶ □	29	<u> </u>	—
N	30				han the total of							30	135	<u> </u>
T S	31				in the total of li							31		_
•	32			_	edited to 2007					· 1	efunded ►	32		_
	<del></del>							cabadulas i	and states			,	ladge and holief, it is true	_
	ľ	correct, and complet	te. Declare to	preparer (othe	mined this return, in er than taxpayer) is l	cluding accor bas∉d on all i	mpanying : information	of which p	oreparer h	ias any knov	wledge.	y know	ledge and belief, it is true,	
Sign	۱	<b>L</b>	11/1/	H	1 1/11	/n 1							the IRS discuss this return	
Here	•	Signature of offi		<i>y</i>	Date 1	<i>U</i> /	Title						the preparer shown below instrs)? Yes N	
		Signature or om									le-	1	SSN or PTIN	٥
		Preparer's		[]	4	7_	Date		Check		-	•		
Paid		signature	FRED 1	<del></del>	4/ // //			L <b>4</b> /07		ployed	<del></del>		2596	—
Prepa Use		(or yours if			naya & Co						EIN	65-(	0848331	
O3C	VIII Y	self-employed), address, and			<u>ť 167th St</u>						-			
		ZIP code	North	Miami'	Beach		FL 3	3162			Phone no.	(30!	5) 944-6572	

## ATTACHMENT 66012439

	1120-A (2006) ANDRES MAINTENANCE & REPARATI	ION, INC 109000174656-246	34647 Page 2
Par			<del></del>
1	Income tax. If the corporation is a qualified personal service corporation (see in	<del></del>	1 135.
2	General business credit. Check box(es) and indicate which for		
	Form 3800 Form(s) (specify) ►		2
3	Subtract line 2 from line 1		3 135.
4	Other taxes. Check if from: Form 4255 Form 8611		
	Other (attach schedule)		4
	Total tax. Add lines 3 and 4. Enter here and on page 1, line 2	7	5 135.
Par	t II A Other Information (see instructions)		
1	Refer to the instructions and enter the:	5a If an amount is entered on page 1, line 2,	enter from worksheet
;	Business activity code no.   812990	in instructions: (1) Purchases	
1	Business activity MAINTENANCE & RAPAIR	(2) Additional 263A costs	
	Product or service SERVICE	(attach schedule)	
2	At the end of the tax year, did any individual, partnership, estate, or trust	(3) Other costs (attach sch)	
_	own, directly or indirectly, 50% or more of the corporation's voting stock?	<b>b</b> If property is produced or acquired for resale, do the	rules
	(For rules of attribution, see section 267(c).) X Yes No	of section 263A apply to the corporation?	Yes <b>X</b> No
	If 'Yes,' attach a schedule showing name and	6 At any time during the calendar year, did the corporat signature or other authority over a financial account (s	ion have an interest in or a
	identifying number. See Ques 2 Stmt	securities account, or other financial account) in a for	
3	Enter the amount of tax-exempt interest received or accrued	If 'Yes,' the corporation may have to file Form TD F 9	· · 🗀 🗀
	during the tax year ►\$	If 'Yes,' enter the name of the foreign country .	0-22.1.
4	Enter total amount of cash distributions and the book	7 Are the corporation's total receipts (line 1a plus lines	4 - 10 on page 1) for the tax year
7	value of property distributions (other than cash) made	and its total assets at the end of the tax year less that	
	during the tax year ▶ \$	If 'Yes,' the corporation is not required to complete Pa	
Par		(a) Beginning of tax year	(b) End of tax year
	1 Cash		1,230.
	2a Trade notes and accounts receivable		
	<b>b</b> Less allowance for bad debts		
	3 Inventories		- 4 H <sub>3</sub>
A	4 U.S. government obligations		***
S	5 Tax-exempt securities (see instructions)		Jan
S S E T	6 Other current assets (attach schedule)		
T S	7 Loans to shareholders		
3	8 Mortgage and real estate loans		:_ i -
	9a Depreciable, depletable, and intangible assets		
	<b>b</b> Less accumulated depreciation, depletion, and amortization	on	; <sub>p</sub> ; -
	10 Land (net of any amortization)		
	11 Other assets (attach schedule)		1,230.
	12 Total assets  13 Accounts payable		135.
S H	14 Other current liabilities (attach schedule)		133:
LIABH	15 Loans from shareholders		34.
AB-L-T-ES	16 Mortgages, notes, bonds payable		
ĹL	17 Other liabilities (attach schedule)		200
T E	18 Capital stock (preferred and common stock)		200.
į R ES'	19 Additional paid-in capital		
ŠE	20 Retained earnings		895.
ΑŪ	21 Adjustments to shareholders' equity (attach sch)		*
D	22 Less cost of treasury stock		
Ý	23 Total liabilities and shareholders' equity		1,230.
Par	t IV Reconciliation of Income (Loss) per Books		
1	Net income (loss) per books	66. 6 Income recorded on books this year not include	ed on
2	Federal income tax per books	this return (itemize)	
3	Excess of capital losses over capital gains .	7 Deductions on this return not charged against	book
4	Income subject to tax not recorded on books this	inc this yr (itemize) .	
	year (itemize)		
5	Expenses recorded on books this year not deducted	8 Income (page 1, line 24). Enter the sum of line	es 1
	on this return (itemize)	through 5 less the sum of lines 6 and 7	

### ALIACHMENT

43,836.

ANDRES MAINTENANCE & I	REPARATION .	INC	56-2464647
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Form 1120-A, Page 1, Line 22

Other Deductions Stmt

Accounting	450.
Automobile and truck expense	4,872.
Insurance	4,800.
Miscellaneous	1,250.
Office expense	905.
Permits and fees	625.
Supplies	2,004.
Telephone	1,432.
Tools	1,502.
Uniforms	642.
Utilities	1,454.
Continuing Education	1,100.
Internet	600.
LABOR PAID TO ANDRES J BERROA S.S. 594-11-2328	22,200.

Form 1120-A, Page 2, Part II, Question 2

Ques 2 Stmt

Total

 Name
 ANDRES J. BERROA

 Identifying number
 594-11-2328

1