

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 038 ***150.00

DOCUMENT # P04000137684 1. Entity Name JERRY'S MAINTENANCE & REPAIRS CORP	
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Principal Place of Business 520 SW 54 AVENUE MARGATE, FL 33068	Mailing Address 520 SW 54 AVENUE MARGATE, FL 33068
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DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1710591	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, RAFAEL J 701 N. STATE ROAD 7 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORTES, GIRALDO 520 SW 54 AVENUE MARGATE, FL 33068
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GIRALDO CORTES 05/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #