

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 012 ***158.75

DOCUMENT # P04000138536

1. Entity Name
PREVENTIVE MAINTENANCE INC.



Principal Place of Business

**7130 NW 35 AVE
MIAMI, FL 33147**

Mailing Address

**2630 SHERIDAN ST.
HOLLYWOOD, FL 33020-1903**

50008589



2. Principal Place of Business

3. Mailing Address

PO Box 523946

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIAMI, FL

4. FEI Number

20-1742115

Applied For

Not Applicable

Zip

Country

Zip

Country

33152 US

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAVELO, NOSLEN
2630 SHERIDAN ST.
HOLLYWOOD, FL 33020-1903**

Name

Street Address (P.O. Box Number is Not Acceptable)

7130 NW 35 AVE

City

MIAMI

FL

Zip Code

33147

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RAVELO, NOSLEN
2630 SHERIDAN ST.
HOLLYWOOD, FL 33020-1903**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7130 NW 35 AVE
MIAMI, FL 33147**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAVELO, YOLANDA
8181 NW SANER DR C 300
MIAMI, FL 33166**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8181 NW South River Dr.
Lot C300 Medley, FL 33166**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 address, with all other like empowered.

SIGNATURE:

[Signature] **Noslen Ravelo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/06 305-696-9631