2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 MAR 28 AM 11:4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000162758

1. Entity Name
MIAMI HOME MAINTANCE CORP.

Principal Place of Business	Mailing Address
9517 FONTAINEBLEAU BLVD. MIAMI, FL 33172	9517 FONTAINEBLEAU BLVD. MIAMI, FL 33172

03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7105 SW 8 ST	7105 SW 8 ST
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State Miami FL	City & State Miami FL
Zip 33144 Country USA	Zip 33144 Country U.S

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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
VALVERDE, YANIER 9517 FONTAINEBLEAU BLVD. MIAMI, FL 33172	Name YAIDER VALVerde Street Address (P.O. Box Number is Not Acceptable) # 307 7105 SW 8ST City Miami FL FL Zip Code 33144

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 VALVERDE, YANIER 9517 FONTAINEBLEAU BLVD. MIAMI, FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President YAIDER VALverde ☒ Change ☐ Addition 7105 SW 8ST Miami FL 33144 #307
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HIDALGO, SILVIO 9517 FONTAINEBLEAU BLVD. MIAMI, FL 33172 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500069967505 04/10/06--01075--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 an address, with all other like empowered.

SIGNATURE: ____________________ 3-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #