


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2006-90001-007-\$150.00-\$150.00

<b>DOCUMENT # P05000004595</b>			
1. Entity Name <b>A.M.D. MAINTENANCE, INC.</b>		<p><b>FILED</b></p> <p><b>2006 OCT 10 AM 9:04</b></p> <p><b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b></p>	
Principal Place of Business <b>8428 SW 103RD AVE MIAMI, FL 33176</b>		Mailing Address <b>8428 SW 103RD AVE MIAMI, FL 33176</b>	
2. Principal Place of Business <b>Miami</b> Suite, Apt. #, etc.		3. Mailing Address <b>8428 SW 103RD AVE</b> Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		4. FEI Number <b>202629985</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33173</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAIHA, ABDALLAH M 8428 SW 103RD AVE MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>ABDALLAH MUHAMMAD DAIHA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8428 SW 103RD AVE</b> City <b>Miami</b> FL Zip Code <b>33173</b>	
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: <u>Abdallah Muhammad Daiha</u> (NOTE: Registered Agent signature required when reinstating) <u>8.25.06</u> DATE			
<b>FILE NOW!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAIHA, ABDALLAH M 8428 SW 103RD AVE MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Abdallah Muhammad Daiha</u>		Date <u>10.4.06</u>	