


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000004595			
1. Entity Name A.M.D. MAINTENANCE, INC.			
Principal Place of Business 8428 SW 103RD AVE MIAMI, FL 33176		Mailing Address 8428 SW 103RD AVE MIAMI, FL 33176	
2. Principal Place of Business Miami Suite, Apt. #, etc.		3. Mailing Address 8428 SW 103 AVE Suite, Apt. #, etc.	
City & State Miami FL		4. FEI Number 20229985 Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33173	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAIHA, ABDALLAH M 8428 SW 103RD AVE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name: ABDALLAH MUHAMMAD DAIHA Street Address (P.O. Box Number is Not Acceptable): 8428 SW 103 AVE City: Miami State: FL Zip Code: 33173	
6. 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> (Signature, typed or printed name of registered agent and title if applicable) <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering) 8.25.06 DATE			
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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	D DAIHA, ABDALLAH M 8428 SW 103RD AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) <u>[Signature]</u> 10.4.06 Date Daytime Phone #			