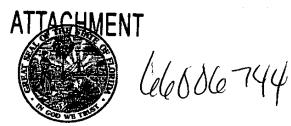
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000015550  1. Enlity Name MAINTAIN ALL, INC.						,	03-06-200	06 90008 0	07 **	*150.00
Principal Place	e of Busines	s	Mailing Address		<u> </u>		C	60067	λл	
14025 LANGLEY PL 14025 LANGLEY PL DAVIE, FL 33325 DAVIE, FL 33325						3 •	• .			•
Principal Place of Business     3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E034 (	11/05)	
City & State			City & State		4. FEI Numbe	- 22421	58	$\rightarrow$	plied For Applicable	
Zip		Country	Zip	Coun	stry	5. Certificate	of Status Desired		75 Add Require	
	_6Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agen	t	
KUTHY-SAENGER, JUAN A 14025 LANGLEY PL DAVIE, FL 33325				Street Address (P.O. Box Number is Not Acceptable)						
					City Ea Zio Code					
					City			FL	Zip Code	•
The above the obligations	named entitions of regist	y submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am famili	iar with,	and accept
								3/20/0	n/_	
SIGNATURE_	Signature, typed	or provide the of registered agent	and title of appolicability. (INDT)	: Recretive	d Agent signature required	when reintlythol		CATE	10	
		<u></u>							-	
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campai Trust Fund Contr			00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFFI	CERS AND DIR	ECTORS	3 IN 11
TITLE	DPST		Ociete	mu					Change	☐ Addition
NAME STREET ADDRESS		AENGER, JUAN A NGLEY PL		NAM STRE	E Et adoress					1
CITY-SI-21P	DAVIE, FI			4	-S1-Z1P					
TITLE			☐ Delete	ពេប	:				Change	Addition
NAME				NAM	-					
STREET ADORESS CITY-ST-ZIP					ET ADORESS - ST-ZIP					{
TITLE		<del>_</del>	☐ Deleta	1014			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				, MARIE						
STREET ADDRESS COY-ST-ZIP					ET ADORESS - ST - ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME			CJ StEE	NAM					Ç Z	
STREET ADDRESS				STRE	ET ADORESS					1
CITY-SI-TOP				CITY	-\$1-ZIP					
TITLE			☐ Deteta	IIILE	1				Change	Addition
NAME STREET ADDRESS				NAMA STRE	ET ADDRESS					
CITY-SI-ZIP				CITY	-51-ZIP					
TITLE		<u> </u>	☐ Delete	πu					Change	☐ Addition
NAME				NAM						1
STREET ADDRESS CITY-ST-ZIP					ET ADOPESS - ST-ZIP					
12. I hereby o	entify that th	e information supplied with	this tiling does not qualify fo	r the exe	mptions contained	in Chapter 119,	Florida Statutes. I I	lurther certify th	at the in	lormation
indicator	on this topo	rt ou europlamantal record in	true and accurate and that newered to expect this report with all other like empowered.	w einnal	ura chall have the c	ranth lenel ame:	se il made under o	ath-that Lam an	officer r	ordinactor I
changed,	or on an all	schment with an address, v	vim all otper tike empowered.							}
SIGNAT	URE:	<del></del>				3/	20/06			

2006 FOR PROFIT CORPORATION 66506744

	ANNUAL	KEPOKI		·	_	,			
DOCUMENT  1. Entity Name  MAINTAIN ALL, IN		550							
Principal Place of Business		Mailing Address			1				
14025 LANGLEY PL		14025 LANGLEY PL							
DAVIE, FL 33325 DAVIE, FL 33325									
2. Principal Place of Busine	222	3. Mailing Address			-				
at Trinipar Flago of Edding		or waning radiood			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number	- 2242	100	<del>                                      </del>	plied For
Zip Country		Zip Coun		ntry	20	- 6646		<del></del>	t Applicable
	000,	2.6	300.	,	5. Certificate of	f Status Desired		\$8,75 Add Fee Require	
6. Name	and Address of Current R	egistered Agent			7. Name and A	ddress of New I	Registered A	gent	
				Name	-		-		
KUTHY-SAENGER, J 14025 LANGLEY PL	JUAN A			Street Address	(P.O. Box Number	is Not Acceptab	le)		
DAVIE, FL 33325									
<b>-,</b>									
				City			FL	Zip Code	•
8. The above named entity	pubmite this statement for t	ha ourose of changing its	register	ad office or registe	red agent, or both	in the State of El		amilias with	and seesal
the obligations of registe	r printed name engelstered agent an	d jitle if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		3/2/0 <sub>0</sub>	6	
	FEE IS \$150.00 Fee will be \$550.00	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE DPST		Delete	TITL	_				☐ Change	☐ Addition
NAME KUTHY-SA STREET ADDRESS 14025 LAN	NENGER, JUAN A		NAM	ET ADDRESS					
CITY-S1-ZIP DAVIE, FL				-ST-ZIP					
TITLE	<u> </u>	☐ Defete	TITL					Change	Addition
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NAMES OF STREET			$\mathbb{K}^{\infty}$	45 (NOV)	Y XXXX	A. []			
INTAIN ALL INC.					1049	· [] []			
5 LANGLEY PLACE	· · · · · · · · · · · · · · · · · · ·	ویان را <del>نیزید بسدن</del> ی سیر	2:/5	100	63-8376/2870			. Change	Addition
IE, FL 33325		Date_	<u> </u>	100	/018/				
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ONE OVER THE			7 /			1			
Bankatlontio	A. Call to make Alternation							☐ Change	☐ Addition
BankAtlantic	South Pembroke Pines 11200 Pines Blvd.		٠.	X/Id-	أأراه والمعاشية				
da's Most Convenient Bank	Pembroke Pines, FI 33025	m/2	$\geq$						
<u> </u>	OSO UDIE-C	wo	<u> </u>		<del></del>			Change	Addition
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CITY-SI-ZIP			CHY	- \$1 - ZIP		·	2103	100	
12. I hereby certify that the	information supplied with the	nis filing does not qualify fo	or the exe	emptions contained	in Chapter 119,	Florida Statutes.	I further certi	ly that the in	tormation
of the corporation or the	or supplemental report is to receiver or trustee empa	rue and accurate and that need to execute this report is all other like empowered.	as requi	red by Chapter 60:	7. Florida Statutes:	and that my nam	ne appears in	Block 10 or	Block 11 if
changed, or on an attac	chment with an address, with	n all other like empowered.	•						
SIGNATURE:					3/2	106			
SIGNAL ORE	SIGNATURE AND TYPED OF PRI	NTED NAME OF SIGNING OFFICER	OF DIRECT	roe		Date	De	ytime Phone #	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

MAINTAIN ALL, INC. 14025 LANGLEY PL DAVIE, FL 33325

Subject: MAINTAIN ALL, INC.

Reference Number:

P05000015550

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION