

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 026 ***150.00

DOCUMENT # P05000055051 1. Entity Name SOSA GENERAL MAINTENANCE, CORP.																													
Principal Place of Business 6635 SHERIDAN STREET HOLLYWOOD, FL 33024			Mailing Address 6635 SHERIDAN STREET HOLLYWOOD, FL 33024																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 20-2679708																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DLR ACCOUNTING CORP 6336 GRANT STREET HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name Pedro F. Sosa Street Address (P.O. Box Number is Not Acceptable) 6635 Sheridan Street Hollywood City FL Zip 33024																										
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 Pedro Sosa 3/14/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOSA, PEDRO F SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6635 SHERIDAN STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOLLYWOOD, FL 33024</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	SOSA, PEDRO F SR		STREET ADDRESS	6635 SHERIDAN STREET		CITY - ST - ZIP	HOLLYWOOD, FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: Pedro Sosa 3/14/07 754-423-1681 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													