

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P05000068303	
1. Entity Name SOUTH FLORIDA PROPERTY MAINTENANCE, INC.	

Principal Place of Business 1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 US	Mailing Address 1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 US
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2. Principal Place of Business - No P.O. Box # 1313 SW 82ND AVE	3. Mailing Address 1313 SW 82 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State NORTH LAUDERDALE FL	City & State NORTH LAUDERDALE FL
Zip 33068	Zip 33068
Country BROWARD	Country BROWARD

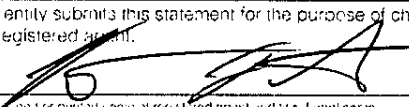
4. FEI Number 20-2843212	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GENTILE, VINCENTO F 1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068	
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7. Name and Address of New Registered Agent Name GENTILE, VINCENTO F Street Address (P.O. Box Number is Not Acceptable) 1313 SW 82ND AVE City NORTH LAUDERDALE FL Zip Code 33068	
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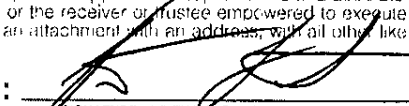
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-20-08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GENTILE, VINCENTO F 1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000807344 02/07/08-80028-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Section 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:  DATE **1-20-08 (954) 336-0316**