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	Mailing Address
1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 US	1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1313 SW 82ND AVE	1313 SW 82 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH LAUDERDALE FL	City & State: NORTH LAUDERDALE FL
Zip: 33068 Country: BROWARD	Zip: 33068 Country: BROWARD

4. FEI Number 20-2843212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, VINCENZO F
1313 SW 82ND AVE.
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name: GENTILE, VINCENZO F
Street Address (P.O. Box Number is Not Acceptable): 1313 SW 82ND AVE
City: NORTH LAUDERDALE FL Zip Code: 33068

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: [signature] 1-20-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GENTILE, VINCENZO F 1313 SW 82ND AVE. NORTH LAUDERDALE FL 33068 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000807944 02/07/08-80028-019 150.00 ☐ 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: [signature] 1-20-08 (954) 336-0316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #