

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90176 028 \*\*\*150.00

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02282006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000072207</b> 1. Entity Name A.F.W. PROPERTY MAINTENANCE, INC.					
Principal Place of Business 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 33161-4469			Mailing Address 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 33161-4469		
2. Principal Place of Business 805 N.E. 133 <sup>rd</sup> STREET Suite, Apt. #, etc.		3. Mailing Address 805 N.E. 133 <sup>rd</sup> STREET Suite, Apt. #, etc.			
City & State NO. MIAMI FLORIDA Zip Country 33161-4120 U.S.		City & State NO. MIAMI FLORIDA Zip Country 33161-4120 U.S.		4. FEI Number 20 300 8510 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent WILSON, ANDY 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 33161-4469					
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 <span style="margin-left: 100px;">(NOTE: Registered Agent signature required when reinstating)</span> <span style="float: right;">DATE FEB 28, 2006</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILSON, ANDY 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 331614469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FREDERIC, YAMISE 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 331614469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <span style="margin-left: 50px;">(Signature and typed or printed name of signing officer or director)</span>			Date: FEB 28, 2006 Daytime Phone #: 786-344 5009		