## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: >

## May 30, 2007 8:00 am Secretary of State **DOCUMENT # P05000072207** 05-30-2007 90005 016 \*\*\*151.00 1. Entity Name A.F.W. PROPERTY MAINTENANCE, INC. 40117000 Principal Place of Business Mailing Address 805 NE 133RD ST 805 NE 133RD ST MIAMI, FL 33161-4120 MIAMI, FL 33161-4120 ce of Business - No P.O. Box # 03062007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 20-3008510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, ANDY Street Address (P.O. Box Number is Not Acceptable) 1505 N.E. 135TH STREET STE 17 NORTH MIAMI, FL 33161-4469 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete Addition TITLE ☐ Change NAME WILSON, ANDY NAME STREET ADDRESS 1505 N.E. 135TH STREET STE 17 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 331614469 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition FREDERIC, YAMISE NAME NAME 1505 N.E. 135TH STREET STE 17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 331614469 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED