

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 19, 2006 8:00 am
Secretary of State

04-24-2006 90417 006 ***150.00

DOCUMENT # P05000082586 1. Entity Name MAXIMO PAINTING & PRESSURE CLEANING INC			
Principal Place of Business 1950 SW 2 STREET 4 MIAMI, FL 33135 US		Mailing Address 1950 SW 2 STREET 4 MIAMI, FL 33135 US	
2. Principal Place of Business 880 SW 24 Ave		3. Mailing Address 880 SW 24 Ave	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1	
City & State Miami		City & State Miami	
Zip FL	Country DAVE	Zip FL	Country DAVE
4. FEI Number 20-2962189		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOMEZ, MAXIMO 1950 SW 2 STREET 4 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOMEZ, MAXIMO 1950 SW 2 STREET STE 4 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/06 (786)3267321 Date Daytime Phone #	

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