


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000093262</b> 1. Entity Name P.H. PROPERTY MAINTENANCE, INC.	
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Principal Place of Business 1507 NE 5TH AVENUE APT 1 FORT LAUDERDALE, FL 33304	Mailing Address 1507 NE 5TH AVENUE APT 1 FORT LAUDERDALE, FL 33304
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<b>DO NOT WRITE IN THIS SPACE</b>
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03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1512645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  AUGUSTIN, PHILIPPE 1507 NE 5TH AVENUE APT 1 FORT LAUDERDALE, FL 33304
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P AUGUSTIN, PHILIPPE 1507 NE 5TH AVENUE APT 1 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR AUGUSTIN, PHILIPPE 1507 NE 5TH AVENUE APT 1 FORT LAUDERDALE, FL 33304
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04/06/07-80055-015 150.00

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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: <u>Philippe Augustin, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-29-07 954-709-1038 <small>Date Daytime Phone #</small>
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