

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P05000093262**

1. Entity Name  
**P.H. PROPERTY MAINTENANCE, INC.**



Principal Place of Business      Mailing Address

1507 NE 5TH AVENUE APT 1      1507 NE 5TH AVENUE APT 1  
 FORT LAUDERDALE, FL 33304      FORT LAUDERDALE, FL 33304

**DO NOT WRITE IN THIS SPACE**



03292007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>37-1512645</b>	Applied For
	Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AUGUSTIN, PHILIPPE**  
 1507 NE 5TH AVENUE APT 1  
 FORT LAUDERDALE, FL 33304

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D/P
NAME	AUGUSTIN, PHILIPPE
STREET ADDRESS	1507 NE 5TH AVENUE APT 1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S/TR
NAME	AUGUSTIN, PHILIPPE
STREET ADDRESS	1507 NE 5TH AVENUE APT 1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/06/07-80055-015 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Philippe Augustin* **PRESIDENT**      **3-29-07**    **954-709-1038**

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