2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/9

FILED
Jul 18, 2008 8:00 am
Secretary of State
05-09-2008 90015 015 ***150.00

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1. Entity Name
AMERICAN CONTRACTORS MAINTENANCE & SERVICES, INC.

Principal Place of Business	Mailing Address
6221 SW 19TH ST. POMPANO BEACH, FL 33068	6221 SW 19TH ST. POMPANO BEACH, FL 33068

66015423

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2541863
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMAYA, RAFAEL
6221 SW 19TH ST.
POMPANO BEACH, FL 33068

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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 _____ RAFAEL AMAYA 06-02-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	AMAYA, RAFAEL
STREET ADDRESS	6221 SW 19TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33068

RAFAEL AMAYA DIRECTOR

TITLE	VP
NAME	AMAYA, WILMER C
STREET ADDRESS	6221 SW 19TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 06-02-08 7542460770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #