2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

1. Entity Name C & A MAINTENANCE SERVICES, INC.						04-26-2007 90	214 004 ***158	3.75
Principal Plac	ce of Business	Mailing Address			4,000	~ -		
1501 MERIC		1501 MERIDEL AVE			1 .			
TAMPA, FL	==: =	TAMPA, FL 33612						
		,						**********
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				63134 3W1 WATE FINE! WATE		
150/ Meside/ Ave		Suite Art # ate		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number	170015	<i>Ci</i>	Applied For	
Zin.	Mya, Country	7:0	Cour		87-1	10913		Not Applicable
Zip 32	1012 Hilshowsh	Zip	Coun	itry	5. Certificate of	of Status Desired	\$8.75 A	
6. Name and Address of Current Registered Agent					7. Name and /	Address of New Re	······································	
				Name				
	& UTRERA, P.A.			Juan Cabrera				
1840 SW : 4TH FLOO				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL				1501	Maxia	1-1/	.10	
			ļ	City	MENIC	201 110	- Zin Co	<u>. </u>
			1 ^ 'a'	mpa		FL Zip C	36/2	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flor	ida. I am familiar witt	n, and accept
trie obliga	tions of registered agent.					,	4-17	
SIGNATURE.	Illey ou						123101	
. ,	Bignature, typed or printed name of registered agent at	nd title if applicable. (NOTE	E: Registered	d Agent signature required	when reinstating)		DATE	
	, ,			···			·	
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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 BIGNING OFFICER OR DIRECTOR

1/23/07 813-931-1404