

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90050 030 ***158.75

DOCUMENT # P06000056206

1. Entity Name
KAISER BUILDING MAINTENANCE CORP.



Principal Place of Business
**6462 AMBERJACK TERRACE
MARGATE, FL 33063 US**

Mailing Address
**6462 AMBERJACK TERRACE
MARGATE, FL 33063 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032007

Chg-P

CR2E034 (12/06)

4. FEI Number

06-1776952

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREA, ARNALDO D JR
6462 AMBERJACK TERRACE
MARGATE, FL 33063**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREA, ARNALDO	
STREET ADDRESS	6462 AMBERJACK TERRACE	
CITY-STATE-ZIP	MARGATE, FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREA, DENNIS A	
STREET ADDRESS	6462 AMBERJACK	
CITY-STATE-ZIP	MARGATE, FL 33063	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	PEREA, AURORA	
STREET ADDRESS	6462 AMBERJACK TERRACE	
CITY-STATE-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Perea **PRESIDENT**

Date

Daytime Phone #

07/03/07 (954)868-9679