


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000056206 1. Entity Name KAISER BUILDING MAINTENANCE CORP.	
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Principal Place of Business 6462 AMBERJACK TERRACE MARGATE, FL 33063 US	Mailing Address 6462 AMBERJACK TERRACE MARGATE, FL 33063 US
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1776952	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREA, ARNALDO D JR 6462 AMBERJACK TERRACE MARGATE, FL 33063

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 _____ <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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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000908237 05/06/08-80021-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P PEREA, ARNALDO 6462 AMBERJACK TERRACE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP PEREA, DENNIS A 6462 AMBERJACK MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DIR. PEREA, AURORA 6462 AMBERJACK TERRACE MARGATE, FL 33063
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: <u>A. Perea</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ARNALDO PEREA PRESIDENT	04/18/08 (954) 868-9679 Date Daytime Phone #
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