

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000152891

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** AMALIA MAINTENANCE SERVICES, INC.

**Current Principal Place of Business:**

3290 35TH AVE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

110 1 ST NW  
NAPLES, FL 34120

**Current Mailing Address:**

3290 35TH AVE NE  
NAPLES, FL 34120

**New Mailing Address:**

110 1 ST NW  
NAPLES, FL 34120

**FEI Number:** 20-8030456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, AMALIA  
3290 35TH AVE NE  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

GONZALEZ, AMALIA  
110 1 ST NW  
NAPLES, FL 34120 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/21/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, AMALIA  
Address: 110 1 ST NW  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMALIA GONZALEZ

OWNE

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date