2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005840

Entity Name: EBM-EFFICIENT BUILDING MAINTENANCE INC

FILED Jun 02, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	THERSFIELD A ITE SPRINGS,				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
	THERSFIELD A ITE SPRINGS,				
FEI Number	: 61-1506276	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COLLAZO, HUMBERTO 8127 VALENCIA COLLEGE LN. ORLANDO, FL 32825 US			123 WEATHERSFIELD	LINHARES, VANDERLAN D 123 WEATHERSFIELD AVE N ALTAMONTE SPRINGS, FL 32714 US	
The above in the State	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: VANDERLAN LINHARES				06/02/2009	
	Electron	ic Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LINHARES, VAN 123 WEATHERS		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DINIZ, QUEZIA 123 WEATHERS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DINIZ, JOANA C 123 WEATHERS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DIR () DINIZ. SANDRA	Delete C	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VANDERLAN LINHARES P 06/02/2009

123 WEATHERSFIELD AVE. N.

ALTAMONTE SPRINGS, FL 32714 US

Address:

City-St-Zip: