

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90011 031 \*\*\*150.00



**DOCUMENT # P07000024289**

1. Entity Name  
**IVAMAR BUILDING MAINTENANCE, INC.**

Principal Place of Business  
**10710 NW 7 STREET APT 7  
 MIAMI, FL 33172**

Mailing Address  
**10710 NW 7 STREET APT 7  
 MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box #  
**8582 SW 210 TER**

3. Mailing Address  
**8582 SW 210 TER**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33189**

Country  
**MIAMI-DADE**

Zip  
**33189**

Country  
**MIAMI-DADE**

03082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-1801037**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**VELASQUEZ, HUGO G  
 10710 NW 7 STREET APT 7  
 MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name  
**HUGO G. VELASQUEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**8582 SW 210 TER.**

City  
**MIAMI**

FL

Zip Code  
**33189**

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: Hugo Velasquez  
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  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELASQUEZ, HUGO G 10710 NW 7 STREET APT 7 MIAMI, FL 33172	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTELLANOS, MIRIAM P 10710 NW 7 STREET APT 7 MIAMI, FL 33172	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HUGO G. VELASQUEZ 8582 SW 210 TER MIAMI FL 33189	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIRIAM P CASTELLANOS 8582 SW 210 TER MIAMI FL 33189	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Hugo Velasquez