2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/1

FILED
Sep 02, 2008 8:00 am
Secretary of State
08-14-2008 90002 023 ***150.00

DOCUMENT # P07000042732

1. Entity Name
N-TECH GENERAL MAINTENANCE AND SERVICES, INC.

Principal Place of Business	Mailing Address
3401 S OCEAN BLVD SUITE 6 HIGHLAND BEACH, FL 33487	3401 S OCEAN BLVD SUITE 6 HIGHLAND BEACH, FL 33487

07032008 Chg-P CR2E034 (12/06)

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

4. FEI Number 42-1727012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARISI, PETER P
4045 NW 16TH STREET STE 111
FT LAUDERDALE, FL 33313

7. Name and Address of New Registered Agent

Name RAND. SCHREIBER
Street Address (P.O. Box Number is Not Acceptable) 4310 10TH Ave North
City LAKE WORTH FL Zip Code 33461

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 Randi Schreiber 7/16/08
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 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS RODOVA, MARIANNA 3401 S OCEAN BLVD SUITE 6 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: /Marianna Radova 8/8/08 (561) 809-5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #