2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P07000087159 1. Entity Name CEA SERVICES & MAINTENANCE INC						03-31-200	8 90039	039 ***13	50.00
Principal Place of Business 13850 SW 62 ST #304 MIAMI, FL 33183		Mailing Address 13850 SW 62 ST #304 MIAMI, FL 33183			4 1804 (80)	BBIN (BBI) BBIN BBIJ RE	10 BP(B) (B)(1		FE II 1486
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FE! Numbe	* 26-066	3401		plied For t Applicable
Zip	Country	Zip Count		itry	<u>.i</u>	of Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CEA, HORTENCIA E 13850 SW 62 ST #304 MIAMI, FL 33183				Street Address (P.O. Box Number is Not Acceptable)					
·				City	FL Zip Code				
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CEA, HORTENCIA E 13850 SW 62 ST #304 MIAMI, FL 33183	☐ Delete		l l				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				□ Change	Addition
12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deptition 119, Florida Statutes, I further certify that the information of 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 the component of the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Deptition 119, Florida Statutes, I further certify that the information 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 the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Deptition 120, Florida Statutes, I further certify that the information 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 the corporation or on an attachment with an address.

SIGNATURE:

Date Deptition 120, Florida Statutes, I further certify that the information of the receiver or director of the corporation or the receiver or director or director of the corporation or director of the corporation or the receiver or director of the corporation or director or dire