2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# P08000028002

Entity Name: EMERGENCY MAINTENANCE, INC.

Current Principal Place of Business:

1570 MADRUGA AVE SUITE 405
CORAL GABLES, FL 33146 US

New Principal Place of Business:

14707 S DIXIE HIGHWAY
200
MIAMI, FL 33176 US

Current Mailing Address:

1570 MADRUGA AVE SUITE 405
CORAL GABLES, FL 33146 US

New Mailing Address:

14707 S DIXIE HIGHWAY
200
MIAMI, FL 33176 US

FEI Number: 26-2199328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, DARRYL
1570 MADRUGA AVE SUITE 405
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

COHEN, DARRYL
14707 S DIXIE HIGHWAY
200
MIAMI, FL 33176 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: 05/21/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, DARRYL
Address: 1570 MADRUGA AVE SUITE 405
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D (X) Delete
Name: COHEN, DARRYL
Address: 1570 MADRUGA AVE SUITE 405
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, DARRYL
Address: 14707 S DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DARRYL COHEN PRES 05/21/2009
Electronic Signature of Signing Officer or Director Date