2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058293

City-St-Zip:

Entity Name: ARCHITECTURAL METAL MAINTENANCE, CO

FILED Jun 15, 2009 Secretary of State

Littly Nan	ie. ARCHITE	CTORAL WETAL WAINTENAN	NCE, CO				
Current Principal Place of Business:				New Principal Place of Business:			
20911 JOHNSON STREET SUITE 129 PEMBROKE PINES, FL 33129				10950 NW 138 STREET UNIT 5 HIALEAH GARDENS, FL 33018			
Current Mailing Address:				New Mailing Address:			
20911 JOHNSON STREET SUITE 129 PEMBROKE PINES, FL 33129				10950 NW 138 STREET UNIT 5 HIALEAH GARDENS, FL 33018			
FEI Number: 26-2790551 FEI Number Applied For () FEI N			FEI Num	ber Not Applicable () Certificate of Status Desired ()			tatus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JIMENEZ, ANA I 2700 SW 130 TERR DAVIE, FL 33330 US				JIMENEZ, ANA I P 2700 SW 130 TERR DAVIE, FL 33330 US			
The above in the State		submits this statement for the p	urpose of	changing it	s registered	l office or registe	red agent, or both,
SIGNATURE: ANA JIMENEZ				06/15/2009			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financin	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		•			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () JIMENEZ, ANA 2700 SW 130 DAVIE, FL 333	ΓERR		Title: Name: Address: City-St-Zip:		()Change ()Addi	tion
Title: Name: Address: City-St-Zip:	VP (JIMENEZ, OSV 2700 SW 130 DAVIE, FL 333	TERR		Title: Name: Address: City-St-Zip:		()Change ()Addi	tion
Title: Name: Address:	()) Delete		Title: Name: Address:	T ANGELICA, 3 2700 SW 13		tion

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.

City-St-Zip:

DAVIE, FL 33330

SIGNATURE: ANA I JIMENEZ P 06/15/2009