## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000083434

Entity Name: AMAZON MAINTENANCE CORP

DEERFIELD BEACH, FL 33441

City-St-Zip:

FILED Jun 18, 2009 Secretary of State

Lineity Ivai	IIIC. AIVIAZON	WAINTENANCE					
Current Principal Place of Business:				New Principal Place of Business:			
	74TH PLACE T CREEK, FL	33073		7600 LYON COCONU	NS ROAD I CREEK, FL	33073	
Current Mailing Address:				New Mailing Address:			
SUITE 202	DERAL HWY D BEACH, FL	33441			RD AVENUE D BEACH, FL	33441	
FEI Number:	: 26-3339421	FEI Number Applied	For ( ) FEI Nu	mber Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Nam					me and Address of New Registered Agent:		
4930 NW Toconu	NATALIA S 74TH PLACE T CREEK, FL  named entity selections		nt for the purpose o	of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATU							
	Electron	ic Signature of Regi	ŭ	the prior notic	e.	Date	
		g Trust Fund Contributi	on ( ).		10/01/14/10/20		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () RIBEIRO, NATA 4930 NW 74TH COCONUT CRE	PLACE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address:	OLIVEIRA, AÙG	Delete SUSTO C L HWY - STE 202		Title: Name: Address:	D (X) OLIVEIRA, AUG 1312 SE 3RD A		

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: NATALIA S RIBEIRO D 06/18/2009

DEERFIELD BEACH, FL 33441