

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000027920

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** MAINTENANCE COMPLETE SOLUTIONS, INC.

**Current Principal Place of Business:**

19370 COLLINS AVE  
SUITE 1616  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

19370 COLLINS AVE  
SUITE 1616  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

**FEI Number:** 26-4539068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AZA, RAMIRO  
19370 COLLINS AVE  
SUITE 1616  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AZA, RAMIRO  
Address: 19370 COLLINS AVE, SUITE 1616  
City-St-Zip: SUNNY ISLES, FLORIDA, FL 33160 US

I hereby 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 all other like empowered.

SIGNATURE: RAMIRO AZA

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date