2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P10000028766

Entity Name: ENTERPRISE FACILITY MAINTENANCE INC

Current Principal Place of Business:

5616 N. ARMENIA AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5616 N. ARMENIA AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 27-2311346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE AQUINO, CESAR
5616 N. ARMENIA AVE
TAMPA, FL 33603 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: DE AQUINO, CESAR
Address: 12025 CITRUS FALLS CIR APT 201
City-St-Zip: TAMPA, FL 33625

Title: VP
Name: MENKE, ELSA
Address: 5616 N. ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

Title: S
Name: QUINTERO, PAULA ANDREA
Address: 5616 N. ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

Title: VPJR
Name: QUINTERO, NELSY JAZMIN
Address: 9404 S.ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: CEO
Name: COSME, HECTOR
Address: 9404 S.ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: VISR
Name: QUINTERO, OSCAR ANDRES
Address: AV. 4BN#37AN-46 OF.302
City-St-Zip: CALI, VA 33603 CL

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: CESAR DE AQUINO P 02/28/2011

Electronic Signature of Signing Officer or Director — Date