


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P40499
1. Entity Name
PUBLIC UTILITIES MAINTENANCE, INC.



Principal Place of Business 106-18 ASTORIA BLVD ELMHURST, NY 11369 US	Mailing Address 106-18 ASTORIA BLVD ELMHURST, NY 11369 US
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3097527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROEKER, DOUGLAS, ESQ.
66 WEST FLAGLER STREET
SUITE 1000
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000442473
12/04/06-80020-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BORTOLIS, EMMANUEL 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORTOLIS, EMMANUEL 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORTOLIS, JOHN 106-18 ASTORIA BLVD E ELMHURST, NY 11369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, will, or other like empowerment.

SIGNATURE: Emmanuel Bortolis *Emmanuel Bortolis 2/15/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone # (708) 457-4540