2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P93000083329 03-16-2007 90036 013 ***150 00 04-11-2007 90040 008 ***150.00 A-1 MAINTENANCE OF SOUTH FLORIDA CORP. Principal Place of Business Mailing Address 40057243 1515 UNIVERSITY DRIVE PO BOX 670625 CORAL SPRINGS, FL 33067 SUITE 104 CORAL SPRINGS, FL 33071 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0452610 Not Applicable \$8.75 Additional Zip --Country Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NETBURN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 9734 W SAMPLE RD CORAL SPRINGS, FL 33065 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PEREZ, VICTOR NAME PO BOX 372612 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change Addition PEREZ, CHRISTINA A NAME 3630 NIMBORE FACE 4571 NW91AVE STREET ADDRESS STREET ADDRESS GOCONNIT OBERK, FL 30000 Sunvise F133351 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete Change Addition TITLE NAM€ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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, with all other-like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

FILED