

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031086

Entity Name: F. HORTA MAINTENANCE, CORP.

FILED  
Feb 19, 2008  
Secretary of State

**Current Principal Place of Business:**

54 NW 45TH AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

54 NW 45TH AVE  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 65-0485878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORTA, FELIX  
54 NW 45TH AVE  
MIAMI, FL 33126 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HORTA, FELIX  
Address: 54 NW 45TH AVE  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: HORTA, IRMA  
Address: 54 NW 45TH AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: FELIX HORTA

P

02/19/2008

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

\_\_\_\_\_  
Date