2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024022

1. Entity Name

DENNIS MAINTENANCE SERVICE INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

21320 SW 94 AVENUE MIAMI, FL 33189-3735 21320 SW 94 AVENUE MIAMI, FL 33189-3735



DO NOT WRITE IN THIS SPACE

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03282007	No Chg-P	CR2E034 (11/05)	

4. FEI Number 65-0650762

5. Certificate of Status Desired \$8.75

Not Applicable

\$8.75 Additional
Fee Required

Applied For

6. Name and Address of Current Registered Agent

DEROGATIS, DENNIS 21320 SW 94 AVENUE MIAMI, FL 33189-3735

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33189-3735			IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ed affice or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	l Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		·- ·- ·- ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEROGATIS, DENNIS 21320 SW 94 AVE MIAMI, FL 331893735				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000684756 04/06/07-80045-007 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 audichment with an address. With all other like empowered.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

305-233-2587