

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90180 015 ***163.75

DOCUMENT # P97000010032

1. Entity Name
CCR MAINTENANCE SERVICES, INC.



Principal Place of Business
10334 SW 135 PLACE
MIAMI, FL 33186-2841 US

Mailing Address
10334 SW 135 PLACE
MIAMI, FL 33186-2841 US

DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709705	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, CRUZ
10334 SW 135 PLACE
MIAMI, FL 33186-2841

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, CRUZ 10334 SW 135 PLACE MIAMI, FL 331862841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, CARMEN 10334 SW 135 PLACE MIAMI, FL 331862841
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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, with all other like empowered.

SIGNATURE:

Cruz Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08
Date

Daytime Phone #