

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 17, 2008 08:00 A
Secretary of State**

DOCUMENT # P98000088030
1. Entity Name
M.T. MAINTENANCE, INC.



Principal Place of Business
1813 SW 6TH DRIVE
POMPANO BEACH, FL 33060

Mailing Address
7800 W OAKLAND PARK BLVD
SUITE G-121
SUNRISE, FL 33351



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0878254

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAULT, MICHAEL
7800 W OAKLAND PARK BLVD
SUITE G-121
SUNRISE, FL 33351

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

**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

U00000860839
04/02/08-50079-022, 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERIAULT, MARCEL 1813 SW 6TH DRIVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACHON, CAROL 1813 SW 6TH DRIVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Marcel Theriault Date: 3-14-08 Daytime Phone #: 954-547-0761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR