## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2004 08:00 AM **Secretary of State DOCUMENT # P99000054309** 1 Entity Name A-1 MAINTENANCE SERVICE, INC. Mailing Address Principal Place of Business 9875 N.W. 25TH TERRACE 9875 N.W. 25TH TERRACE MIAMI, FL 33172 MIAMI, FL 33172 01262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0057684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, HOMERO DO NOT WRITE 9875 N.W. 25TH TERRACE MIAMI, FL 33172 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000137074 04/29/04-80025-008 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS FITLE PEREZ, HOMERO E NAME 9875 N.W. 25TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TIB:F PEREZ, RITA M NAME 9875 N.W. 25TH TERRACE STREET ADDRESS MIAMI, FL 33172 CITY-ST-78 THE NAME STREET ADDRESS DO NOT WRITE CETY-ST-7/2 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR