

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90211 022 ***150.00



DOCUMENT # P99000061028					
1. Entity Name AUTHORIZED MAINTENANCE AND PROPERTY MANAGEMENT, INC.					
Principal Place of Business 13925 KEY LIME BLVD. W. PALM BEACH, FL 33412		Mailing Address 13925 KEY LIME BLVD. W. PALM BEACH, FL 33412			
2. Principal Place of Business <i>1353 se 7 ct</i> Suite, Apt. #, etc. <i>8</i> City & State <i>Deerfield Beach</i> Zip <i>33441</i> Country <i>USA</i>		3. Mailing Address <i>nothlope</i> <i>PMB #234-1030 Blvd</i> Suite, Apt. #, etc. <i>814</i> City & State <i>WPRB FL.</i> Zip <i>33412</i> Country <i>USA</i>			
				04272006 Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0941076 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIOLA, MICHAEL 13925 KEY LIME BLVD. W. PALM BEACH, FL 33412			7. Name and Address of New Registered Agent Name <i>VIOLA michael</i> Street Address (P.O. Box Number is Not Acceptable) <i>610 NE 15 PL</i> City <i>BOYNTON BEACH</i> FL Zip Code <i>33425</i>		
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 <i>Michael Viola</i>		<i>Michael Viola</i>		5-1-06	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIOLA, MICHAEL 13925 KEY LIME BLVD. W. PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIOLA michael 610 NE 15 PL BOYNTON BEACH FL. 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael Viola</i>				5-1-06 561-333-9028	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	