

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90165 032 \*\*\*150.00

**DOCUMENT # P99000061159**

1. Entity Name  
**ROBERT MAINTENANCE AND JANITORIAL  
INCORPORATED**



Principal Place of Business

370 NW 85 CT #1807  
MIAMI, FL 33126

Mailing Address

P.O. BOX 65-0241  
MIAMI, FL 33265

4000000000



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2091250**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, MIGUEL ROBERTO**  
**370 NW 85CT #1807**  
**MIAMI, FL 33126**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | FERNANDEZ, R MIGUEL |
| STREET ADDRESS | 370 NW 85 CT #1807  |
| CITY-ST-ZIP    | MIAMI, FL 33126     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
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| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE  
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:**

*M. Roberto Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #