

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19073

FILED
Jan 05, 2007
Secretary of State

Entity Name: TOTAL CONSTRUCTION & MAINTENANCE CORPORATION

Current Principal Place of Business:

8890 SW 24 ST
STE 213
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8890 SW 24 ST
STE 213
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0239842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, LAZARO M
24401 SW 182 AVE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALFONSO, LAZARO M
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: ABELLA, JOSE L
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: SANTOYO, IVAN A
Address: 5805 WEST 15 COURT
City-St-Zip: HIALEAH, FL 33012

Title: T () Delete
Name: ALFONSO, GRISEL
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO M.ALFONSO

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date