

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # S58169		
1. Entity Name ALL AMERICAN MAINTENANCE, INC.		
Principal Place of Business 5523 SOUTHWEST 116TH AVENUE COOPER CITY, FL 33330		Mailing Address 5523 SOUTHWEST 116TH AVENUE COOPER CITY, FL 33330
DO NOT WRITE IN THIS SPACE		
		 04182006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0269425		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KLEINDIENST, ARTHUR V., JR. 5523 SOUTHWEST 116TH AVENUE COOPER CITY, FL 33330		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 resigning) 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
		000000535352 05/08/06-80051-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLEINDIENST ARTHUR V. JR. 5523 S.W. 116TH AVENUE COOPER CITY, FL	
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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:  A.V. Kleindienst Apr 14 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		