



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000006649 1. Entity Name A & N MAINTENANCE TECH, CORP.						FILED 05 MAY -9 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 							
Principal Place of Business 1034 SW 24TH AVENUE MIAMI, FL 33135		Mailing Address 1034 SW 24TH AVENUE MIAMI, FL 33135		2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1079311		Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04272005 Chg-P CR2E034 (10/03)			
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
REYES, BLANCA M 1034 SW 24TH AVENUE MIAMI, FL 33135				Name VILLATORO A. VILLAMIL		Street Address (P.O. Box Number is Not Acceptable) 12524 SW 124 PATH		City MIAMI		State FL		Zip Code 33186	
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: <u><i>[Signature]</i></u> Date: April 28, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>													
Amended AR is \$61.25				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		D REYES, BLANCA M 1034 SW 24TH AVENUE MIAMI, FL 33135		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DIRECTOR ANTONIO VILLATORO 1034 SW 24 AVENUE MIAMI, FL 33135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		400054695604		<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		05/17/05--01080--028		<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		025/16		<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 exemption stated in Section 119.07(3)(f), 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 five empowered.													
SIGNATURE: <u><i>[Signature]</i></u>						Date: 4/27/05		Daytime Phone: 305-448 1507					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>DATE</small>		<small>DAYTIME PHONE #</small>					