


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004622	
1. Entity Name A&A MAINTENANCE ENTERPRISE INC	

Principal Place of Business 200 MAMARONECK AVE #304 WHITE PLAINS, NY 10601	Mailing Address 200 MAMARONECK AVE #304 WHITE PLAINS, NY 10601
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DO NOT WRITE IN THIS SPACE



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3149505	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

**RODRIGUEZ, MERCEDES
3785 NW 82ND AVE, SUITE 203
MIAMI, FL 33166**

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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 *Mercedes Rodriguez* (NOTE: Registered Agent signature required when reinstating) DATE 6/19/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ JR, ARMANDO 200 MAMARONECK AVE., #304 WHITE PLAINS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, CARLOS 200 MAMARONECK AVE., #304 WHITE PLAINS, NY
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06/21/04-80002-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/15/04 Daytime Phone # 914-949-6676