2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# 302370

Entity Name: PAUL ASENJO PLUMBIMG INC.

Current Principal Place of Business:

1194 OLD DIXIE HWY #22
LAKEPARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

1194 OLD DIXIE HWY #22
LAKEPARK, FL 33403 US

New Mailing Address:

FEI Number: 59-1117767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, LUCILLE S.
733 FLAMINGO WAY
N PALM BEACH, FL 33408 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

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: HICKMAN, LUCILLE S.
Address: 733 FLAMINGO WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP ( ) Delete
Name: HICKMAN, LAUREL J
Address: 6943 151ST COURT NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete
Name: LONGWELL, MARK
Address: 2678 CEDAR CREST RD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LONGWELL, MARK
Address: 2678 CEDAR CREST RD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T (X) Change ( ) Addition
Name: LONGWELL, MARK
Address: 2678 CEDAR CREST RD
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify 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: LUCILLE S. HICKMAN PS 10/14/2009

Electronic Signature of Signing Officer or Director Date