


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90017 040 \*\*\*150.00

**DOCUMENT # 327348**

1. Entity Name  
**AMERICAN PLUMBING SUPPLY CO INC**



Principal Place of Business      Mailing Address  
**1735 ALTON ROAD**      **1735 ALTON ROAD**  
**MIAMI BEACH FL 33139**      **MIAMI BEACH FL 33139**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/06)

**6. Name and Address of Current Registered Agent**

**GROSS, MAXWELL**  
**6910 SW 127 AVE**  
**FORT LAUDERDALE FL 33330**

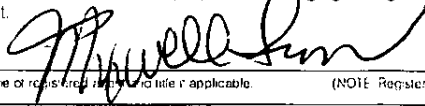
**7. Name and Address of New Registered Agent**

Name **MAXWELL GROSS**

Street Address (P.O. Box Number is Not Acceptable)  
**18190 S.W. 52 Lane**

City **Southwest Ranches**      **FL**      Zip Code **33331**

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  **Maxwell Gross**      DATE **2/26/07**

Signature, typed or printed name of registrant if no title is applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	GROSS, MAXWELL	5052 SW 160TH AVENUE	FORT LAUDERDALE FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Gross Maxwell	18190 S.W. 52 Lane	Southwest Ranches FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Maxwell Gross**      DATE **2/26/07**      DAYTIME PHONE # **305 532-3447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #