


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90084 035 \*\*\*150.00

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DOCUMENT # L06000013223			
1. Entity Name NEW HORIZON PLUMBING, LLC.			
Principal Place of Business 4314 STATE DR WEST PALM BEACH, FL 33406		Mailing Address 4314 STATE DR WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 204 Red Maple Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee, Florida	
Zip	Country	Zip	Country
		34743	USA
4. FEI Number 20-4263804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIJARES, CARLOS S 4314 STATE DR WEST PALM BEACH, FL 33406		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIJARES, CARLOS S	NAME	
STREET ADDRESS	4314 STATE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIJARES, RICARDO	NAME	
STREET ADDRESS	4314 STATE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, RODOBALDO	NAME	
STREET ADDRESS	4314 STATE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Ricardo Mijares</i>		Date: 3/7/08	Daytime Phone #: (561) 248-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #