## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P03000016506** CARTAYA PLUMBING SOLUTIONS, CORP. Principal Place of Business Mailing Address 4450 NW 176TH ST 4450 NW 176TH ST MIAMI GARDENS, FL 33055 MIAMI GARDENS, FL 33055 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 83-0348412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTAYA, CARLOS DO NOT WRITE 4450 NW 176TH ST MIAMI GARDENS, FL 33055 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Apent signature required when reinstating U00000347658 9. Election Campaign Financing \$5.00 May Be 06/02/08-80024-014 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 1¢, TITLE NAME CARTAYA, CARLOS STREET ADDRESS 4450 NW 176TH ST CITY-ST-ZIP MIAMI GARDENS, FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trusted 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 appears in Block 10 or Block 11 if changed.

SIGNATURE: (3)

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prione #

**FILED**