


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90021 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P04000124019 1. Entity Name O.P. PLUMBING CORP. |  |
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|---|---|
| Principal Place of Business 5372 WEST 5TH LANE HIALEAH, FL 33012 | Mailing Address 5372 WEST 5TH LANE HIALEAH, FL 33012 |
|---|---|

66006249



| | |
|--|--|
| 2. Principal Place of Business 11890 N.W. 87th | 3. Mailing Address 11890 N.W. 87th |
| Suite, Apt. #, etc. DA17 | Suite, Apt. #, etc. DA17 |
| City & State Hialeah Gardens FL | City & State Hialeah Gardens FL |

02162005 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 35-2238000 | 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 PEREZ, OSIEL 5372 WEST 5TH LANE HIALEAH, FL 33012 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
|---|--|

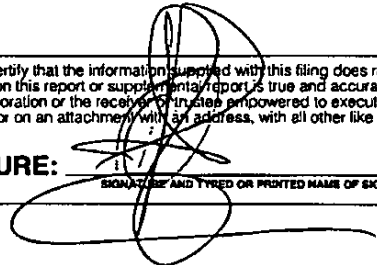
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| | | |
|--|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE PVST <input type="checkbox"/> Delete | NAME PEREZ, OSIEL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5372 WEST 5TH LANE | CITY-ST-ZIP HIALEAH, FL 33012 | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information furnished 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 supplementary 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 of my state 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:  DATE: **2/16/05** (786) 290-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

66006249

Date of this notice: 10-01-2004

Employer Identification Number:
15-2238000

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at
1-800-829-4933

000207.156695.0002.001 2 MD 0.534 1370

|||||

20400024019

O P PLUMBING CORP
X OSIEL PEREZ
9372 W 5TH LN
HIALEAH FL 33012

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

300207

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 15-2238000. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941
Form 1120
Form 940

10/31/2004
03/15/2005
01/31/2005

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

Felicidades
14 Febrero.

Para el telefono.

Gracias.