

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 042 ***150.00



DOCUMENT # P04000124019
 1. Entity Name
O.P. PLUMBING CORP.

Principal Place of Business
11890 NW 87 CT
BAY 7
HIALEAH GARDENS, FL 33018

Mailing Address
11890 NW 87 ST
BAY 7
HIALEAH GARDENS, FL 33018



2. Principal Place of Business - No P.O. Box #
11899 NW 91 AVE

3. Mailing Address
11899 NW 91 AVE

Suite, Apt. #, etc.
BAY E

Suite, Apt. #, etc.
BAY E

03212007 Chg-P CR2E034 (12/06)

City & State
Hialeah Gardens, FL

City & State
Hialeah Gardens, FL

4. FEI Number
35-2238000

Applied For
 Not Applicable

Zip
33018

Country
USA

Zip
33018

Country
USA

5. Certificate of Status Desired **\$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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **3/22/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, OSIEL 11890 NW 87TH CT BAY 7 HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSUEGRA, FRANCISCO 160 NW 120TH STREET MIAMI, FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTINEZ, MARTA 5372 WEST 5TH LANE HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADOR, RIGOBERTO 3067 NW 91 STREET MIAMI, FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, OSIEL 11899 NW 91 AVE AVE # E Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature]* **3/22/07**