

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151868

FILED
Jan 21, 2009
Secretary of State

Entity Name: CORAL REEF PLUMBING INC.

Current Principal Place of Business:

5985 NW 110 STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5985 NW 110 STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 84-1661281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, OSVALDO J
5985 NW 110 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEON, OSVALDO J
Address: 5985 NW 110 STREET
City-St-Zip: HIALEAH, FL 33012

Title: DS () Delete
Name: TIRSE, AMAURY
Address: 4881 NW 4TH TERRACE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO LEON

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date