


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000062643					
1. Entity Name AMERICAN CONTRACTING & PLUMBING, INC.					
Principal Place of Business 7812 NW 72ND AVE MEDLEY, FL 33166-2216			Mailing Address 7812 NW 72ND AVE MEDLEY, FL 33166-2216		
2. Principal Place of Business 6921 NW 77 AV		3. Mailing Address 6921 NW 77 AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33166		Country DODE.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33166		Country DODE.		6. Name and Address of Current Registered Agent	
City & State MIAMI, FL		7. Name and Address of New Registered Agent			
Name GARCIA, OSCAR		Name OSCAR GARCIA			
Street Address 4215 W. 15 LANE		Street Address (P.O. Box Number is Not Acceptable) 4215 W. 15 LANE			
City HIALEAH		City HIALEAH		State FL	
Zip Code 33012		Zip Code 33012			
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: <i>Joslyn Martinez</i>				DATE: 09/13/06	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	PS MARTINEZ, JOSLYN 255 SW 82 AVE. MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. MARTINEZ JOSLYN 255 SW 82 AV. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, OSCAR 4125 W 15 LN HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. GARCIA, OSCAR 4125 W 15 LN HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100079998311 09/20/06--01040--015 **550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800079998348 09/20/06--01040--015 **8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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"/> Delete		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: <i>Joslyn Martinez</i>				DATE: 09/13/06	
<small>Signature and typed or printed name of signing officer or director</small>					