2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90066 009 ***150.00

DOCUMENT # P98000049527 1. Entity Name J & S PLUMBING OF DAVIE, INC.							8 90066 009 ***	150.00
Principal Place of Business Mailing Address PO BOX 840009 PO BOX 840009 HOLLYWOOD, FL 33084 HOLLYWOOD, FL 33084						an na ma na na 27 20 0	I GORI OSTIO ANIA NIKO 1881	RRIJATI JI JARI
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-P	CR2E034 (12/06)
City & State		City & State			4. FEI Number 65-0844359		Applied For Not Applicable	
Zip	Country	Zip Cou		ntry	5. Certificate of Status Desired		Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
TRAGER, ROSS				Street Address (P.O. Box Number is Not Acceptable)				
				City looper Ciry FL Zip Code 330 76				
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, typed or printed name of registered agent and title if a piccoble. (NOTE: Registered Agent signature required when reinstating) 3/20/08 DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME	P Delete ITIT.						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1 1111 1111 11111			EET ADDRESS				
TITLE	S Delete TITL			-ST-ZIP			☐ Change	Addition
NAME	WHITE, JUDITH		NAM				Crisings	: L Addition
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP				
TITLE	V Delete TITL				-			Addition
NAME Street address	SUAREZ, VINCENT NAM S 10871 S W 11TH MANOR STRE			eet address				_
CITY-ST-ZIP	-							
TITLE	☐ Delete TifL			E	-	,	☐ Change	Addition
NAME STREET ADORESS			NAM	EET AODRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE	☐ Delete Tit						☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME	Delete TITE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				1
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 ether like empowered.								
SIGNATURE: 3/20/08 954-424-0927								

Scoll. A. WHITE