2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

03-25-2004 90016 004 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1. Entity Name	VIEIV) # PUSUUUU ! A PLUMBING SOLUTIONS			03-25-	2004 90016 004 ****1	30.00
SSUE AN I. SIGN. SAME AND I. SIGN. CITY & State HIGHERH FLORIDS COUNTY DO DO DO SO COUNTY DO DO SO	1072 EAST 2	OTH ST.	1072 EAST 20TH ST.	<u></u>	6	6411385	
City & State HIALEAH FLORID City & State HIALEAH FLORID County JSB 2003 S. Certificate of Status Desired S. S. 75 Auditional Fee Regulation Fee R				9 Sy			
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CARTAYA CARLOS CARTAYA CARLOS CARTAYA CARLOS CRY HALEAH FL 33013 SIGNATURE THALEAH, FL 33013 SIGNATURE Special to president of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Ten femiliar with, and accept the obligation of purpose of president agent and list stockapab. SIGNATURE FLE NOWITH PEE 15 \$150.00 SIGNATURE FILE NOWITH PEE 15 \$150.00	HIALL	EAH FLORIDA	HIALEAH !		4. FEI Number 83-034	8412	Not Applicable
CARTAYA, CARLOS 1072 EAST 20TH 9T Street Address (P.O. Box Number is Not Acceptable)	8001		33013			esired	
B. 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 pages and so provide rare of impacted agent and to a special page. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE PO CHANGE STREET ADDRESS OUT - ST-2P ITHE NAME STREET ADDRESS CITY-51-2P THE NAME STREET ADDRESS CITY-51-2	1072 EAST	, CARLOS	(Audien an Adalla	Street Addres	LOS CANTRY ss (P.O. Box Number is Not Ac	ceptable)	
B. The above named entity pubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of Plants of Pl	•			l Cinc	•		xde
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD CARTAYA, CARLOS SIRRET ADDRESS SIRRET ADDRESS CITY-S1-2P TITLE MAKE SIRRET ADDRESS CITY-S1-2P CHARGE SIRRET	SIGNATURE_	Signature, hood or printed name of institutored age E NOWITH FEE IS \$150.00	9. Election Campaign		7	DATE	
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NAME SIREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of the receiver or trustlee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 if	NAME STREET ADDRESS		Delate	NAME STREET ADORESS		□ Chang	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information of the corporation or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustile empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if	NAME STREET ADORESS		☐ Oelete	NAME STREET ADDRESS		☐ Caang	e Addition
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Crang	e ☐ Addition
	Indicated of the cor changed	d on this report or supplemental repor rporation or the receiver or trustile en , or on an attachment with an autro-		signature shall have to required by Chapter	the same logal effect as if mad 607, Florida Statutes; and that	e under oath; that I am an offic my name appears in Block 10	er or director or Block 11 if
