2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P97000099058

Entity Name: 4 STAR PLUMBING, INC.

Current Principal Place of Business:

5691 NE 14TH AVENUE
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5691 NE 14TH AVENUE
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0795177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANZONE, AUDREY M
7988 EXETER BLVD. WEST
TAMARAC, FL 33321 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:	PD	( ) Delete
Name:	THEODORE, HASLE S III	
Address:	1461 NE 57 PLACE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	V	( ) Delete
Name:	FRANZONE, AUDREY	
Address:	7988 EXETER BLVD W	
City-St-Zip:	TAMARAC, FL 33321	
Title:	S	( ) Delete
Name:	HASLE, THEODORE S III	
Address:	1461 NE 57 PLACE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	T	( ) Delete
Name:	ROBERT, O' BRIEN	
Address:	1331 SW 115TH AVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D	(X) Delete
Name:	SMITH, ERIC A	
Address:	847 W. PLANTATION CIRCLE	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: AUDREY FRANZONE V 03/24/2009

Electronic Signature of Signing Officer or Director — Date