


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 153335</b> 1. Entity Name <b>LEHMAN PIPE AND PLUMBING SUPPLY INC.</b>	
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Principal Place of Business <b>JULIAN D LEHMAN</b> <b>230 N W 29TH ST</b> <b>MIAMI, FL 33127 US</b>	Mailing Address <b>JULIAN D LEHMAN</b> <b>230 N W 29TH ST</b> <b>MIAMI, FL 33127 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0576183</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LEHMAN, JULIAN</b> <b>230 NW 29TH ST</b> <b>MIAMI, FL 33137</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>04/11/08-80027-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEHMAN, JULIAN 2000 TOWERSIDE TERR #512 NO MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEHMAN, BETTY D 2000 TOWERSIDE TERR #512 NO MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMAN, DENNIS 10701 SW 88TH CT MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, or all other like empowered.

SIGNATURE: *Dennis Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/26/08* Daytime Phone #: *305-576-3059*