2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # 329097** 1. Entity Name 04-27-2006 90154 003 ***150.00 COASTAL PLUMBING COMPANY OF MIAMI Principal Place of Business Mailing Address 1201 NW 8TH ST 1201 NW 8TH ST POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1216123 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINCEFIELD, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 1201 NE 8TH ST *1201 N.W. 8 St. POMPANO BEACH FL 33069 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Vice President/Director Tx Change BRINCEFIELD ST, ROBERT E NAME NAME Robert E. Brincefield, SR. STREET ADDRESS STREET ADDRESS 1201 NE 8TH ST 1201 N. W. 8th Street CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Pompano Beach, Fl 33069 ■ Addition Change TITLE ☐ Delete TITLE President/Director NAME NAME BRINCEFIELD, ROBERT E. J. Robert E. Brincefield, JR. 2850 NE 23 SI _____ STREET ADDRESS STREET ADDRESS 2850 N. E. 23rd Street CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP Pompano Beach, Fl 33062 Change ☐ Delete TIT1 F NAME BAIZAN, CHERYL L. NAME STREET ADDRESS STREET ADDRESS 12781 NW 73 ST CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Robert F Brincefield Jr., President 4-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

☐ Delete

☐ Change

☐ Addition