2008 FOR PROFIT CORPORATION ANNUAL REPORT				Jan	FILED 18, 2008 08:00 AM
DOCUMENT # 393396 1. Entity Name RINGEMANN PLUMBING SERVICE, INC.				S	ecretary of State
Principal Place of Business 2190 N. W. 22ND COURT MIAMI, FL 33142		Mailing Address 2190 N. W. 22ND COURT MIAMI, FL 33142		E INDIGA KIRA KURA JUDA SIKA KAKA DIA	
D	O NOT WRITE	IN THIS SPA	CE	01082008 No Chg-P 4. FEI Number 59-1519575	CR2E034 (11/05)
549		an a		5. Certificate of Status Desired	\$8.75 Additional Fee Required
RINGEMA 5340 SW 6 MIAMI, FL		legistered Agent		DO NOT W IN THIS SP	
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					
FIL	Signature, typed or printed name of registered again a E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina		when remistating) 00 May Be ad to Fees	DATE
10.	OFFICERS AND [DIRECTORS	Same Hills	A Strange and the second second	and the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RINGEMANN, PAUL R. 5340 SW 63 CT. MIAMI, FL			U000000 01/18/08)763387 -80040-005, 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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.					
SIGNATURE:					

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