


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90002 028 \*\*\*150.00

<b>DOCUMENT # 407525</b>	
1. Entity Name <b>HERNANDEZ PLUMBING COMPANY</b>	

Principal Place of Business <b>1840 SW 83 AVE MIAMI, FL 33155</b>	Mailing Address <b>1840 SW 83 AVE MIAMI, FL 33155</b>
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**50022923**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

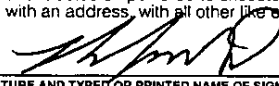
07112006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-1415275</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DIAZ, RAFAEL 7961 S.W. 18TH TERRACE 1840 S.W. 83RD AVENUE MIAMI, FL 33155</b>	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, RAFAEL 7961 S.W. 18TH TERRACE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARRIDA, JULIA 1835 N.W. 10 STREET MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, HORTENSIA 1840 S.W. 83RD AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.	
SIGNATURE: 	<b>7-17-06-305-2672346</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



**ATTACHMENT**  
**50022923**  
**Division of Corporations**

**Annual Report**

**Annual Report Help**

Document Number

**407525**

Business Entity Name

**HERNANDEZ PLUMBING COMPANY**

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

**59141527E**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

**Principal Place of Business**

Address

**1840 SW 83 AVE**

Suite, Apt. #, etc.

City, State

**MIAMI**

**FL**

Zip Code & Country

**33155**

**Mailing Address**

Address

**1840 SW 83 AVE**

Suite, Apt. #, etc.

City, State

**MIAMI**

**FL**

Zip Code & Country

**33155**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**- OR -**

Business to serve as RA

**DIAZ, RAFAEL**

Address (PO Box is not acceptable)

**7961 S.W. 18TH TERRACE**

Suite, Apt. #, etc.

**1840 S.W. 83RD AVENUE**

City, State

**MIAMI**

**FL 33155**

Zip Code &amp; Country

33155 US

50022923  
#407525

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s 831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

DIAZ, RAFAEL

Street Address

7961 S.W. 18TH TERRACE

City, State

MIAMI

FL

Zip Code &amp; Country

33155 US

Title

S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

T

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

VAZQUEZ, HORTENSIA

Street Address

1840 S.W. 83RD AVE.

# ATTACHMENT

City, State

MIAMI

FL

Zip Code & Country

33155 US

50022923  
#487525

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRESIDENT

Officer/Director Signature

*[Handwritten Signature]*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual. Otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that