


FILED
May 06, 2008 8:00 am
Secretary of State

4/1

04-15-2008 90021 044 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 502990
 1. Entity Name
 GUILLEN'S PLUMBING, INC.



Principal Place of Business
 11040 W FLAGLER ST
 MIAMI, FL 33174

Mailing Address
 C/O IVANA GOMEZ *SAUL*
 601 BRICKELL KEY DRIVE SUITE 507
 MIAMI, FL 33131

66009829



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1670130

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~IAG CORPORATE SERVICES, INC.
 601 BRICKELL KEY DRIVE
 SUITE 507
 MIAMI, FL 33131~~

*GUILLEN'S PLUMBING
 11040 WEST FLAGLER ST
 MIAMI, FL 33174*

**DO NOT WRITE
 IN THIS SPACE**

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]* **JOSE GUILLEN** *5/1/08*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILLEN, JOSE E. 11040 WEST FLAGLER STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUILLEN, YOLANDA 11040 WEST FLAGLER STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMPA, ROMAN 14067 SWY 147 LANE MIAMI, FL 33178
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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 IN THIS SPACE**

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: *[Signature]* **JOSE E. GUILLEN, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *(305) 371-9213*
Daytime Phone #