2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 611097

1. Entity Name
BIONIC PLUMBING CORP.

Principal Place of Business	Mailing Address
8011 SW 99 CT	8011 SW 99 CT
MIAMI, FL 33173 US	MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1911797		Not Applicable

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

6. Name and Address of Current Registered Agent

ROBULOCK, GARY W
8011 SW 99 CT
MIAMI, FL 33173

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, 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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ROBULOCK, GARY
STREET ADDRESS	8011 SW 99 CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	V
NAME	ROBULOCK, MARIE
STREET ADDRESS	8011 SW 99 CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	EMPL
NAME	ROBULOCK, CHRIS M EMPLOYE
STREET ADDRESS	8011 SW 99TH COURT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Gary Robulock_   GARY Robulock   1/4/07   (305) 498-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #