2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # F61781 1. Entity Name DORAL PLUMBING, INC.				02-02-2004	4 90014 040 ***1	58.00	
Principal Place of Business	Mailing Address		1		でそんんつみて	T	
7310 SW 14TH ST	7310 SW 14TH ST					•	
MIAMI, FL 33144	MIAMI, FL 33144						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01272004	Chg-P	` CR2E034 (10/03)		
City & State	City & State		4. FEt Number 59-2189	013		plied For	
Zip Country	ZipCo	ountry	5: Certificate of		- \$8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Ro			
BANCEL BICOBERTO	Name /	Name KIEARGUELESTEIRO					
RANGEL, RIGOBERTO 7310 SW 14TH ST MIAMI, FL 33144		Street Address (Street Address (P.O. Box Number is Not Acceptable)				
		173	17335 NW 78 AUE				
			MIAMI		FL Zip Code	7 11-	
The above named entity submits this statement for the purpose of changing its registered.				in the State of Flo		and accept	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign Fir Trust Fund Contribution	· — — —	.00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS 11.		1.	ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTORS	: INI 11	
TOPE PD						, , , , , , ,	
NAME RANGEL, RIGOBERTO	☐ Delete 1	TITLE			☐ Change	Addition	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A SIGNATURE AND TYPED OR PRINTED IN MIE OF SIGNING OFFICER OR DIRECTOR

177/04

305-816-6352 Daytime Phone #