

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90047 038 \*\*\*150.00

40005334



01082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # G06693</b> 1. Entity Name <b>MARBAR PLUMBING CO., INC.</b>																													
Principal Place of Business <b>P.O. BOX 680248</b> <b>MIAMI, FL 33268</b>			Mailing Address <b>P.O. BOX 680248</b> <b>MIAMI, FL 33268</b>																										
2. Principal Place of Business - No P.O. Box # <b>930 NW 144 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 680248</b> Suite, Apt. #, etc.																											
City & State <b>Miami FL</b> Zip <b>33168</b>		City & State <b>Miami FL</b> Zip <b>33168</b>		4. FEI Number <b>59-2228556</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>ANTHONY, JAMES K</b> <b>930 NW 144 ST.</b> <b>MIAMI, FL 33168</b>				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: <u><i>James K Anthony</i></u> DATE: <u>1-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PDS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANTHONY, JAMES K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>881 NW 144 ST</del> <b>930 NW 144 ST</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33168</td> <td></td> </tr> </table>			TITLE	PDS	<input type="checkbox"/> Delete	NAME	ANTHONY, JAMES K		STREET ADDRESS	<del>881 NW 144 ST</del> <b>930 NW 144 ST</b>		CITY- ST- ZIP	MIAMI, FL 33168		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 I am empowered.																													
SIGNATURE: <u><i>James K Anthony</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-10-07</u> Daytime Phone #: <u>305-681-0009</u>																										