


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G88021</b> 1. Entity Name <b>LEENICK PLUMBING CORP.</b>																																																																																																																															
Principal Place of Business <b>20340 NE 5 COURT N MIAMI BEACH FL 33179 US</b>			Mailing Address <b>9764 E TREE TOPS CT. DAVIE FL 33328-7105 US</b>																																																																																																																												
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																													
City & State		City & State																																																																																																																													
Zip	Country	Zip	Country	4. FEI Number <b>59-2396440</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>LUCENTI, CAROLEE 9764 E TREE TOPS CT. DAVIE FL 33328-7105</b>																																																																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUCENTI, NICHOLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9764 E TREE TOPS CT.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL 33328-7105</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECT</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUCENTI, CAROLEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9764 E TREE TOPS CT.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL 33328-7105</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</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> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</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> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</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> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LUCENTI, NICHOLAS		STREET ADDRESS	9764 E TREE TOPS CT.		CITY - ST - ZIP	DAVIE FL 33328-7105		TITLE	SECT	<input type="checkbox"/> Delete	NAME	LUCENTI, CAROLEE		STREET ADDRESS	9764 E TREE TOPS CT.		CITY - ST - ZIP	DAVIE FL 33328-7105		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				12. I hereby 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.	
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<b>SIGNATURE:</b> <i>Carolee Lucenti</i> <b>CAROLEE LUCENTI</b> 1-22-04 954-473-6115																																																																																																																															