


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # H20168 1. Entity Name SANOLI PLUMBING, INC.	
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Principal Place of Business 7955 SW 13TH ST. MIAMI, FL 33144-5715 US	Mailing Address 7955 SW 13TH ST. MIAMI, FL 33144-5715 US
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DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2446247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, FELIPE 7955 SW 13TH ST. MIAMI, FL 33144-5715	DO NOT WRITE IN THIS SPACE
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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.

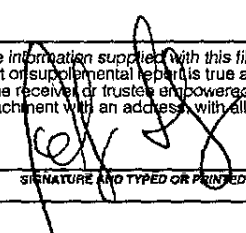
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000248901 03/02/05-80047-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SANCHEZ, FELIPE 7955 SW 13TH ST. MIAMI, FL 33144
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**DO NOT WRITE
IN THIS SPACE**

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 807, 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:  **2/22/05** **305-321-6299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #