2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K36858

Entity Name: OLYMPIA PLUMBING CORP.

FILED Jul 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8857 N.W. 117TH ST. HIALEAH GARDENS, FL 33018 **Current Mailing Address: New Mailing Address:** 8857 N.W. 117TH ST. HIALEAH GARDENS, FL 33018 FEI Number: 65-0074722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JIMENEZ, ROBERTO F 8857 N.W. 117TH ST. HIALEAH GARDENS, FL 33018 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JIMENEZ, ROBERTO, Name: Name: 8857 N.W. 117TH ST. Address: Address: City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: Title: Title: () Delete **EVP** (X) Change () Addition JIMENEZ, CATALINA, Name: Name: ALVARADO, CARLOS 8857 N.W. 117TH ST. 8857 N.W. 117TH ST. Address: Address: HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete S/T VARELA, RODOLFO Name: Name: 8857 N.W. 117TH ST. Address Address: City-St-Zip: City-St-Zip: HIALEAH GARDENS, FL 33018 Title: () Delete Title: VΡ () Change (X) Addition MORALES, NESTOR Name: Name: Address: Address: 8857 N.W. 117TH ST City-St-Zip: City-St-Zip: HIALEAH GARDENS, FL 33018 Title: Title: () Change (X) Addition () Delete Name: Name: JIMENEZ, LUCIANO Address: Address: 8857 N.W. 117TH ST. HIALEAH GARDENS, FL 33018 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MAGAROLAS, MAURICIO ESQ. Name: Name: 815 PONCE DE LEON, 2ND FLOOR Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICIO MAGAROLAS, ESQ. VP 07/17/2006