

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90299 042 \*\*\*158.75



**DOCUMENT # K92881**

1. Entity Name  
**A.P.A. PLUMBING CORPORATION**

Principal Place of Business

**4609 SW 71 Ave  
Miami, FL 33155**

Mailing Address

**4609 SW 71 Ave  
Miami, FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0124529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUIS, GARCIA**

**4609 SW 71 Ave  
Miami, FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PEREZ, ARMANDO A</b>    |                                            |
| STREET ADDRESS | <b>8480 SW 94TH STREET</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI, FL 331567308</b> |                                            |
| TITLE          | DVS                        | <input type="checkbox"/> Delete            |
| NAME           | <b>LAZARO, GARCIA</b>      |                                            |
| STREET ADDRESS | <b>7800 SW 98 AVENUE</b>   |                                            |
| CITY-ST-ZIP    | <b>MIAMI, FL 33173</b>     |                                            |
| TITLE          | ST                         | <input type="checkbox"/> Delete            |
| NAME           | <b>GARCIA, LAZARO V</b>    |                                            |
| STREET ADDRESS | <b>7800 SW 98 AVENUE</b>   |                                            |
| CITY-ST-ZIP    | <b>MIAMI, FL 33173</b>     |                                            |
| TITLE          | DPT                        | <input type="checkbox"/> Delete            |
| NAME           | <b>LUIS, GARCIA</b>        |                                            |
| STREET ADDRESS | <b>7800 SW 98 AVENUE</b>   |                                            |
| CITY-ST-ZIP    | <b>MIAMI, FL 33173</b>     |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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    |  |                                                                   |
| 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/06 (205) 992-4614**