Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L48972**

1, Corporation Name

FREDDIE'S PLUMBING CO., INC.

Mailing Address			
C/O FEDERICO BONILLA 1301 N.E. 199TH ST. N. MIAMI BCH. FL 33179			DO NOT WR
			 Date Incorporated or Qualifed 02/05/1990
2a. Mailing Address			4. FEI Number
26			65-0184354
Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & State	===		6. Election Campaign Financing
28			Trust Fund Contribution
— — — — — — — — — — — — — — — — — — —	Country		This corporation owes the cur Personal Property Tax.
			10. Name and Address of New
	81	Name	
	82	Street Addre	ess (P.O. Box Number is Not Accept
	83		
	84	City	
	C/O FEDERICO BONILLA 1301 N.E. 199TH ST. N. MIAMI BCH. FL 33179 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	C/O FEDERICO BONILLA 1301 N.E. 199TH ST. N. MIAMI BCH. FL 33179 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 of Current Registered Agent 81 82	C/O FEDERICO BONILLA 1301 N.E. 199TH ST. N. MIAMI BCH. FL 33179 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 of Current Registered Agent 81 Name 82 Street Address 83

May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 010 ***150.00

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DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

Name and Address of New Registered Agent

BONILLA, FEDERICO					Address (P.O. Box Number is Not Acceptable)	mber is Not Acceptable)			
1301 NE 99TH ST.									
N. M	IAMI BCH. FL 33179		83						
			84	City		85	Zip Co	ode	
					FL				
office or r	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was author	orized by	тпе согра	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi	ntment a	as tegis	stered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	, (NOTE: Rec	gistered Ager	t signature n	required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	D	☐ DELETE	1.1 TITLE	l		Cha	nge	Addition	
NAME	BONILLA, FEDERICO		1.2 NAME					i	
STREET ADDRESS	1301 NE 199TH ST.		1.3 STREET	ADDRESS					
CITY-ST-ZIP	N. MIAMI BCH. FL.		1.4 CITY-S	Γ- ZIP					
TITLE	S	☐ DELETE	2.1 TITLE			Cha	inge	☐ Addition	
NAME	DIMPNA, BONILLA L.		2.2 NAME						
STREET ADDRESS	1301 NE 199TH ST.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-S	T-ZIP					
TITLE		DELETE	3.1 TITLE			☐ Cha	inge	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ınge	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ſ-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Cha	ınge	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	r-zip					
TITLE		DELETE	6.1 TITLE			Cha	inge	Addition	
NAME	<u>-</u>		6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR