


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L74840</b> 1. Entity Name <b>ULTRA PLUMBING, INC.</b>	
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Principal Place of Business <b>10330 SW 16 ST MIAMI, FL 33165</b>	Mailing Address <b>10330 SW 16 ST MIAMI, FL 33165</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SUYAPA, RIVERO  
10330 SW 16 ST  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SUYAPA, RIVERO 10330 SW 16 ST MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SUYAPA, RIVERO 10330 SW 16 ST MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SUYAPA, RIVERO 10330 SW 16 ST MIAMI, FL 33165</b>
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**DO NOT WRITE  
IN THIS SPACE**

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04/23/06-80104-022 150.00

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: Suyapa Rivero 04/10/06 (305) 220 5449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #