

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90043 017 ***158.75

DOCUMENT # M29117 1. Entity Name PLUMBER'S PARTS, INC.																					
Principal Place of Business 8789 SW 129 TERRACE MIAMI, FL 33176 US		Mailing Address 8789 SW 129 TERRACE MIAMI, FL 33176 US																			
2. Principal Place of Business - No P.O. Box # 19200 SW 106 AVE Suite, Apt. #, etc. #4		3. Mailing Address 19200 SW 106 AVE Suite, Apt. #, etc. #4																			
City & State Cutler Bay Florida		City & State Cutler Bay Florida																			
Zip 33157-7617		Zip 33157-7617																			
Country USA		Country USA																			
4. FEI Number 59-2650980		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent GARAY, WILLIE 8789 SW 129 TERRACE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19200 SW 106 AVE #4 City Cutler Bay FL Zip Code 33157-7617																			
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 <u><i>Willie Garay</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD GARAY, WILLIE</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8789 SW 129 TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33176</td> </tr> </table>		TITLE	PSTD GARAY, WILLIE	<input type="checkbox"/> Delete	STREET ADDRESS	8789 SW 129 TERRACE		CITY-ST-ZIP	MIAMI, FL 33176		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">19200 SW 106 AVE #4</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">CUTLER BAY, FLORIDA 33157-7617</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	19200 SW 106 AVE #4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CUTLER BAY, FLORIDA 33157-7617		CITY-ST-ZIP		
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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: <u><i>Willie Garay</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/24/08</u> Date																			
Daytime Phone #																					