
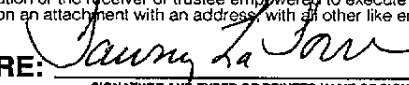


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M29973 1. Entity Name LATORRE PLUMBING, INC.			
Principal Place of Business 7378 W. ATLANTIC BLVD. MARGATE, FL 33063 US		Mailing Address 7378 W. ATLANTIC BLVD. MARGATE, FL 33063 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2676894	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LATORRE, WILSON 7378 W. ATLANTIC BLVD. MARGATE, FL 33063		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000347872 05/02/05-80003-013 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD LATORRE, WILSON 3141 SUNSET CIRCLE MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST LATORRE, TAWNY 3141 SUNSET CIRCLE MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V O'CONNOR, MICHAEL 6401 SCOTT STREET HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 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: 		Tawny LaTorre, Sec. 04/25/05 (954) 486-4100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	