

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # M57959  
Entity Name  
LUMBING CONTRACTORS, INC.



Principal Place of Business	Mailing Address
90 EDGEWATER DR PH-20 CORAL GABLES, FL 33133	SAME

4000000-



01052008      No Chg-P      CR2E034 (11/05)

4. FEI Number 65-0114418		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

OBINSON, RAYMOND L ESQ  
501 VENERA AVENUE  
ORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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 Saul Lane SAUL LANE 01-07-08  

 (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** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

## OFFICERS AND DIRECTORS

LE	STD
ME	LANE, SAUL
REET ADDRESS	90 EDGEWATER DR.
Y-ST-ZIP	MIAMI, FL

LE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE  
ME  
REET ADDRESS  
TY-ST-ZIP

FILE  
NAME  
REET ADDRESS  
TY-SI-ZIP

FILE  
NAME  
DIRECT ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

2. 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: Saul Lane SAUL LANE

01-07-08

305 667 3359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daylme Pece ■