



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007287		
1. Entity Name SOUTH FLORIDA PLUMBING WHOLESALERS ASSOCIATION, INC.		
Principal Place of Business 10870 OLIVE AVENUE PEMBROKE PINES, FL 33026	Mailing Address 10870 OLIVE AVENUE PEMBROKE PINES, FL 33026	 01162006 No Chg-NP CR2E037 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-1057306		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
GENTILE, PAUL L 10870 OLIVE AVENUE PEMBROKE PINES, FL 33026		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000417831 02/13/06-80071-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENTILE, PAUL L 14350 N.W. 7TH AVENUE MIAMI, FL 33168	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROOS, KEN 10870 OLIVE AVENUE PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWRENCE, JOSEPH 10870 OLIVE AVENUE PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-30-06 305/688-6577 <small>Date Daytime Phone #</small>