


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000010078

1. Entity Name
WALTER PLUMBING CORPORATION



Principal Place of Business 4054 SW 113TH AVENUE MIAMI, FL 33165	Mailing Address 4054 SW 113TH AVENUE MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



08282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0976093	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, WALTER
 4054 SW 113TH AVENUE
 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)

U00000576585
 09/08/06-80005-004 150.00
 DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUTIERREZ, WALTER 4054 SW 113TH AVENUE MIAMI, FL 33165
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____