2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084197

Entity Name: BEAR PLUMBING, INC.

FILED Apr 20, 2009 Secretary of State

Ellilly Na	IIIE. DEAR PI	LOMBING, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1973 NE 1 NORTH M	47TH TR 11AMI, FL 3318	31		1989 OPA LOCKA BOULEVARD OPA LOCKA, FL 33054	
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
1973 NE 1 NORTH M	47TH TR 11AMI, FL 3318	31	P.O. BOX 612255 NORTH MIAMI, FL 33	3261	
FEI Number	: 65-1037271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NORTH M	166TH STREE IIAMI BEACH,	FĹ 33160 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RYCHKOV, SL 3660 N E 1661) Delete AVA 'H STREET, #614 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RYCHKOV, CL 3660 N E 1661) Delete AUDIA M H STREET, #614 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SLAVA RYCHKOV PD 04/20/2009