
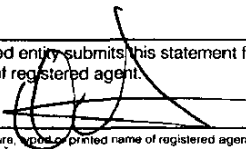
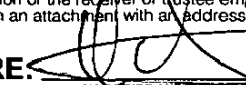


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90009 018 \*\*\*150.00

<b>DOCUMENT # P01000012862</b> 1. Entity Name <b>MPC PLUMBING CONTRACTORS CORP.</b>					
Principal Place of Business <b>13410 SOUTHWEST 78TH STREET</b> <b>MIAMI, FL 33183</b>			Mailing Address <b>13410 SOUTHWEST 78TH STREET</b> <b>MIAMI, FL 33183</b>		
2. Principal Place of Business <b>11745 SW 99 COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>11745 SW 99 COURT</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-1074851</b>	
Zip <b>33176</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIVERA, KATTYA</b> <b>13410 SW 78 STREET</b> <b>MIAMI, FL 33183</b>			7. Name and Address of New Registered Agent Name <b>Katty Rivera</b> Street Address (P.O. Box Number is Not Acceptable) <b>11745 SW 99 COURT</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>		
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  DATE <b>2/23/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>RIVERA, DARIEL</b> <b>13410 SOUTHWEST 78TH STREET</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>Rivera, Darriel</b> <b>11745 SW 99 COURT</b> <b>Miami, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>RIVERA, KATTYA I</b> <b>13410 SOUTHWEST 78TH STREET</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>Rivera, Katty I</b> <b>11745 SW 99 COURT</b> <b>Miami, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b> 			<b>2/23/06 (305) 785-0797</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					