

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90447 001 ***150.00

DOCUMENT # P01000090277			
1. Entity Name QUEEN'S PLUMBING CORPORATION			
Principal Place of Business 6018 BANIA WOOD CIR LAKE WORTH, FL 33454		Mailing Address 6018 BANIA WOOD CIR LAKE WORTH, FL 33454	
2. Principal Place of Business 8211-1 BAMA LANE Suite, Apt. #, etc.		3. Mailing Address 8211-1 BAMA LANE Suite, Apt. #, etc.	
City & State WEST PALM BCH., FL Zip 33411 Country USA		City & State WEST PALM BCH., FL Zip 33411 Country USA	
4. FEI Number 65-1146748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, FRANK 6018 BANIA WOOD CIR LAKE WORTH, FL 33454		7. Name and Address of New Registered Agent Name: STEVEN H. MACHIELA, CPA PA Street Address (P.O. Box Number is Not Acceptable): 6801 LAKE WORTH RD., SUITE 124 City: LAKE WORTH FL Zip Code 33467	
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 3/23/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, FRANK 6018 BANIA WOOD CIR LAKE WORTH, FL 33462	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211-1 Bama Lane West Palm Beach, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Frank Hernandez, President 3/23/04 561-723-5676	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	