2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with anjaddress, with all other like empowered.

SIGNATURE:

## Mar 03, 2006 08:00 AM DOCUMENT # P01000115010 **Secretary of State** 1. Entity Name ARMANDO PENA PLUMBING SERVICE, INC. Principal Place of Business Mailing Address 345 NW 57TH AVENUE 345 NW 57TH AVENUE MIAMI FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1159699 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENA, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 345 NW 57TH AVENUE 101 **MIAMI FL 33126** Zip Code 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 Signature, typed or printed hains of registered agent and tife if applicable (NOTE Registated Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD Defete TITLE ☐ Change U00000454934 PENA, ARMANDO NAME NAME 03/15/06-80035-018 150.00 STREET ADDRESS 345 NW 57TH AVENUE #101 STREET ADDRESS DITY-ST-ZIP MIAMI FL 33126 CITY-ST-Z@ TITLE ☐ Defete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-709 CITY-ST-ZIP UTLE ☐ Delete TITLE ☐ Change Addition PLANE NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZVP CITY-ST-ZIP FITLE ☐ Detete Change MILE T Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CATY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CSTY - ST- 7/P Delete TOTALE ☐ Change ☐ Addition NAME NAME STREET AUDITESS STREET ADDRESS EITY-ST-ZIP CUY-ST-ZIP 12. I hereby cerbfy that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ARMANDO PENA

**FILED** 

02/23/06 (786)255-5474