

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90017 020 ***150.00

DOCUMENT # P02000009101

1. Entity Name
RES Q PLUMBING, CORP.



Principal Place of Business Mailing Address
5031 SW 94 AVE 3456 W 84 ST #108 5031 SW 94 AVE 3456 W 84 ST #108
600PER CITY, FL 33328 Hialeah, FL 33018 COOPER CITY, FL 33328 Hialeah, FL 33018

24077331



DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1402208 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUGEDO, ALBERTO
~~5031 SW 94 AVE~~ 3456 W 84 ST 108
~~COOPER CITY, FL 33328~~ Hialeah FL 33018

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LUGEDO, ALBERTO
STREET ADDRESS	5031 SW 94 AVE 3456 W 84 ST #108
CITY - ST - ZIP	GOOPER CITY, FL 33328 Hialeah, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 those 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 #