2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2009
Secretary of State

DOCUMENT# P02000014646

Entity Name: PLUMBING SOLUTIONS CORPORATION

Current Principal Place of Business:

12520 SW 7 PLACE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

12520 SW 7 PLACE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 01-0599034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLMEDA, NELSON
12520 SW 7 PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLMEDA, NELSON
Address: 12520 SW 7 PLACE
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete
Name: BETHENCOURT, ALEXANDER
Address: 12520 SW 7 PLACE
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete
Name: OLMEDA, OLGA
Address: 12520 SW 7TH PLACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LOZANO, FRANCISCO
Address: 561 NE 169TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: NELSON OLMEDA PD 09/09/2009

Electronic Signature of Signing Officer or Director Date