2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000014885 01-30-2004 90078 049 ***150.00 1. Entity Name ER PLUMBING INC. Principal Place of Business Mailing Address 3820 SW 124 AVENUE P.O. BOX 490134 FT LAUDERDALE, FL 33349 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address 2736 NW 121 2736 NW 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 01252004 CR2E034 (10/03) Chg-P Applied For 4 FEI Number Coral Sprin Coral 04-3609451 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, RICHARD M JR. Street Address (P.O. Box Number is Not Acceptable) 3820 SW 124 AVENUE MIRAMAR, FL 33027 2736 NW 121 Drive 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 SIGNATURE 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ∠ Change ☐ Addition NAME ROBERTS, ELISSA NAME STREET ADDRESS 3820 SW 124 AVENUE STREET ADDRESS 2736 NW 121 Drive CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP Coral Springs, FL 33065 VD TITLE ☐ Detete TITLE ☐ Channe ☐ Addition NAME ROBERTS, RICHARD JR. NAME 2736 NW 121 Drive 3820 SW 124 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-7IP Coral Spring, FL 33065 Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition Show alle TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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.

Elissa Roberts

FILED Jan 30, 2004 8:00 am

> 401-7000 600-308J