


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000021959 1. Entity Name FLORES PLUMBING SERVICES & REPAIRS, INC.		
Principal Place of Business 226 E 50TH STREET HIALEAH, FL 33013	Mailing Address 226 E 50TH STREET HIALEAH, FL 33013	



08102006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0422556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORES, ALFONSO 226 E 50TH STREET HIALEAH, FL 33013	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, ALFONSO 226 E 50TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, MARIA G 226 E 50TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD RODRIGUEZ, CARLOS M 11445 SW 51 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06

Date

Daytime Phone #