

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000021959 1. Entity Name FLORES PLUMBING SERVICES & REPAIRS, INC.	
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Principal Place of Business 226 E 50TH STREET HIALEAH, FL 33013	Mailing Address 226 E 50TH STREET HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

FLORES, ALFONSO
226 E 50TH STREET
HIALEAH, FL 33013

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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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04/23/07-80016-020 150.00

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:  DATE: 4-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #