

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000058706					
1. Entity Name DAG PLUMBING CORP.					
Principal Place of Business 184-51 VIA DI SORRENTO BOCA RATON, FL 33496			Mailing Address 366 COTTONWOOD LN BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 1101 South Rogers Circle		3. Mailing Address			
Suite, Apt. #, etc. Unit 17		Suite, Apt. #, etc.			
City & State Boca RATON, FL		City & State		4. FEI Number 52-2369654	
Zip 33487		Country palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLEN, JOSEPH P ESQ. 366 COTTONWOOD LN BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: D'AGOSTINO, JOSEPH Street Address (P.O. Box Number is Not Acceptable): 366 COTTONWOOD LANE City: BOCA RATON FL Zip Code: 33487		
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: DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME D'AGOSTINO, JOSEPH STREET ADDRESS 366 COTTONWOOD LN CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 000105417790 07/03/07--01057--012 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME D'AGOSTINO, LINA STREET ADDRESS 366 COTTONWOOD LN CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
07 JUN 28 PM 3:14
CLERK OF STATE
TALLAHASSEE, FLORIDA



05222007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

Zip Code
33487

7/6/28