

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 002 ***150.00

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DOCUMENT # P02000084179			
1. Entity Name A & B PARRA PLUMBING INC.			
Principal Place of Business 3 CYPRESS BRANCH WAY SUITE 108-A PALM COAST, FL 32164		Mailing Address 3 CYPRESS BRANCH WAY SUITE 108-A PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box # 18 HARGROVE GRADE (Suite) Apt. #, etc. STE 105		3. Mailing Address 18 HARGROVE GRADE (Suite) Apt. #, etc. 105	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137	Country FLAGLER	Zip 32137	Country FLAGLER
6. Name and Address of Current Registered Agent PARRA, BENJAMIN 3 CYPRESS BRANCH WAY 18 HARGROVE GRADE SUITE 108-A STE 105 PALM COAST, FL 32164 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, BENJAMIN 3 CYPRESS BRANCH WAY SUITE 108A PALM COAST, FL 32164	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 HARGROVE GRADE, STE 105 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARRA, ANTHONY 3 CYPRESS BRANCH WAY SUITE 108A PALM COAST, FL 32164	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 HARGROVE GRADE, STE 105 32137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Benjamin Parra</i>		Date: 7-18-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	