FOR PRÖFIT CORPORATION " UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: James Bien-Aime, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 06, 2006 8:00 am Secretary of State

3/10/2006 Date

Daytime Phone #

Suite, Apt. #, etc. City & State Country Street Address of Current Registered Agent Name Address	DOCUMENT # P02000089883 1. Entity Name					04-06-2006 90019 026 *		
2. Principal Place of Business 13.0 NWT Avenue Suite. Apt. #. etc. City & State City & State City & State City & State DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent State Oktobrotia. I am familiar with, and accept the obligations of registered agent. SIGNATURE STREET ADDRESS CITY-ST-ZIP Mamil, FL 33150 1. Mailing Address 3. Mailing Address 4. FEI Number 1. Lapplied Fc 1. Name and Address of Current Registered Agent 1. Name 3 (see "Aut.") Street Address (P.O. Box Number is Not Acceptable) 1. Name 3 (see "Aut.") Street Address (P.O. Box Number is Not Acceptable) 1. Name 3 (see "Aut.") 1. Name 3 (see "Aut.") 1. Street Address (P.O. Box Number is Not Acceptable) 2. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address of Current Registered Agent 4. FEI Number 4. FEI Number 5. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address of Current Registered Agent 5. Street Address of Current Registered Agent 5. Street Address of Current Registered Agent 6. Note Agent				CDACE				
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Milami, FL 14-1843056 Not Applic Stochasticate of Status Desired S8.75 Additional Fee Requestion Fee Requestion S127 Street Address of Current Registered Agent Same S160 S40			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State off-portal. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	City & State Miami, FL		City & State					
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ATTACHMENT 40045401

#P62000089887

CORPORATE DETAIL RECORD SCREEN 3/28/06 FLD: 08/19/2002

NUM: P02000089883 ST:FL ACTIVE/FL PROFIT

FEI#: 14-1843056----

ALL PEOPLE PLUMBING SUPPLY CO. NAME

PRINCIPAL: 7611 NW 7 AVENUE MIAMI, FL 33150 ADDRESS RA NAME : BIEN-AIME, JAMES : 7611 NW 7 AVENUE RA ADDR

MIAMI, FL 33150

: (2003) A 03/26/03 (2004) N 04/12/04 (2005) N 07/06/05 ANN REP

1. MENU, 3.-OFFICERS

ENTER SELECTION AND CR: