

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State** ATX1

<b>DOCUMENT #</b> PO2000130199	
<b>1. Entity Name</b>	
QUALITY PLUMBING SERVICES INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2315 WEST 2ND AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> HIALEAH, FL	<b>City &amp; State</b> SAME	<b>4. FEI Number</b> 75-3089895	<b>Applied For</b> Not Applicable
<b>Zip</b> 33010	<b>Country</b> USA	<b>Zip</b> SAME	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> ARMANDO BARBOSA	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 648 NW 135CT	
	<b>City</b> MIAMI	<b>Zip Code</b> 33182

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D-T-S ARMANDO BARBOSA 648 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **PRESIDENT** 1/27/2005 305786-337-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #