

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**




3.

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90016 004 \*\*\*150.00

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<b>DOCUMENT # P03000016506</b>			
1. Entity Name <b>CARTAYA PLUMBING SOLUTIONS, CORP.</b>			
Principal Place of Business <b>1072 EAST 20TH ST. HIALEAH, FL 33013</b>		Mailing Address <b>1072 EAST 20TH ST. HIALEAH, FL 33013</b>	
2. Principal Place of Business <b>554 EAST 19 ST</b>		3. Mailing Address <b>554 EAST 19 ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HIALEAH, FLORIDA</b>		City & State <b>HIALEAH, FLORIDA</b>	
4. FEI Number <b>83-0348412</b>		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		7. Name and Address of New Registered Agent	
<b>CARTAYA, CARLOS</b> 1072 EAST 20TH ST. HIALEAH, FL 33013		Name <b>CARLOS CARTAYA</b> Street Address (P.O. Box Number is Not Acceptable) <b>554 EAST 19 ST</b> City <b>HIALEAH</b> FL Zip Code <b>33013</b>	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTAYA, CARLOS</b>	NAME	
STREET ADDRESS	<b>1072 EAST 20TH ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <b>CARLOS M. CARTAYA</b> (1786) 255-3052 <b>PRESIDENT</b>	