
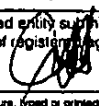
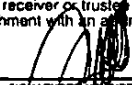


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

01-31-2007 90037 009 ***150.00

DOCUMENT # P03000016506			
1. Entity Name CARTAYA PLUMBING SOLUTIONS, CORP.			
Principal Place of Business 554 EAST 19 ST. HIALEAH, FL 33013		Mailing Address 554 EAST 19 ST. HIALEAH, FL 33013	
2. Principal Place of Business - No P.O. Box # 4450 NW 176th St Suite, Apt. #, etc.		3. Mailing Address 4450 NW 176th St Suite, Apt. #, etc.	
City & State Miami Gardens FL		City & State Miami Gardens FL	
Zip 33055	Country Dade	Zip 33055	Country Dade
4. FEI Number 83-0348412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARTAYA, CARLOS 554 EAST 19 ST. HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name: CARTAYA CARLOS Street Address (P.O. Box Number is Not Acceptable): 4450 NW 176th St City: Miami Gardens FL Zip Code: 33055	
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARTAYA, CARLOS 1072 EAST 20TH ST. HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS CARTAYA 4450 NW 176th St. Miami Gardens FL 33055 <input checked="" 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
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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: 		Date: 02/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



01122007 Chg-P CR2E034 (12/06)