2006 FOR PROFIT CORPORATION ANNUAL REPORT

P03000030481 **DOCUMENT # P03000030481** 06 MAY 12 PM 2: 24 ELECPLUMB OF FLORIDA INC. SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLOR DA 8360 W. FLAGLER ST., STE. 205B 9588 NW 41 STREET MIAMI, FL 33144 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address 2300 HW 2300 NW QLI HUC Suite, Apt. #, etc Suite, Apt. #, etc 02242006 CR2E034 (11/05) Chg-P 203 EO-G City & State City & State 4. FEI Number Applied For Miami, FI. Miami 61-1450754 Not Applicable Country Country \$8.75 Additional 33172 5. Certificate of Status Desired 33172 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YUIGLOO. Hnhonio DOMINGO, CARLOS Street Address (P.O. Box Number 7617 N W 115 CT #203 **DORAL, FL 33178** City liami hits 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 register SIGNATURE. nd name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) a typed or print 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Andruna Puiglo . E 2300 NW 94 Ave #203 Delete TITLE TITLE Change **☐**Addition DOMINGO, CARLOS MALLE NAME 7617 NW 115 CT STREET ADDRESS STREET ADDRESS 41am F1. 33122 CITY-S1-20P **DORAL, FL 33178** CITY-ST-7IP Delete TITLE ☐ Addition TITLE ☐ Change NAME PUIGBO, ANTONIO NAME STREET ADDRESS 9588 NW 41 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY OF DORAL, FL 33178 DECHARRI ☐ Delete TITLE TITLE ☐ Change ☐ Addition EGRIARRI, RAFAEL NAME NAME **9588 NW41 STREET** STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY OF DORAL, FL 33178 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 susted 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 wit er like empowered. SIGNATURE: 4

E OF SIGNING OFFICER OR DIRECTOR

APPROVEL

04-27-2006 90171 046 ***150.00