

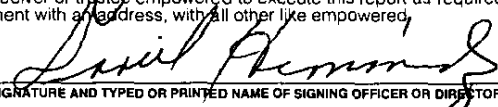


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 013 \*\*\*150.00

<b>DOCUMENT # P03000037980</b> 1. Entity Name D. H. PLUMBING CORP.					
Principal Place of Business 401 NW 120TH AVE. MIAMI, FL 33172				Mailing Address 401 NW 120TH AVE. MIAMI, FL 33172	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 1005 SW 87TH AVE.  Suite, Apt. #, etc.			
City & State		City & State MIAMI, FL.		4. FEI Number 56-2356133	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 33174		Country USA		05052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  HERNANDEZ, DARIEL 401 NW 120TH AVE. MIAMI, FL 33172				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSTD HERNANDEZ, DARIEL 401 NW 120TH AVE. MIAMI, FL 33172	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: 			DARIEL HERNANDEZ PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/10/04 Daytime Phone #: 305-266-0575		

Attachment 5405-4529

MIAMI, MAY 10, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL. 32302

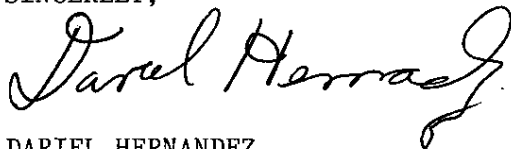
RE: D.H. PLUMBING CORP.  
DOC. #P03000037980

DEAR SIR:

AS PER MY PHONE CONVERSATION WITH A DEPARTMENT OF STATE OFFICER  
AND PER HIS INSTRUCTIONS, I AM SENDING THE SIGNED ANNUAL REPORT,  
ALONG WITH A CHECK FOR THE AMOUNT OF \$150.00 , FOR YOUR INFORMATION  
I DIDN'T RECEIPE THE ANNUAL REPORT 2003.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



DARIEL HERNANDEZ,  
PRESIDENT  
D.H. PLUMBING CORP.  
1005 S.W. 87TH AVE.  
MIAMI, FL. 33174

ENC.