## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000069402

Title:

Name:

Address:

City-St-Zip:

PD

PENA, ARMANDO

MIAMI, FL 33125

2430 NW 4 TERRACE

( ) Delete

Entity Name: AMERICAN EAGLE PLUMBING CORPORATION

FILED Mar 30, 2005 Secretary of State

•							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
8020 WEST 28TH CT., UNIT 101 HIALEAH, FL 33018				1573 N.W. 208 TERRACE PEMBROKE PINES, FL 33029			
Current N	lailing Addre	ss:	New Maili	New Mailing Address:			
8020 WEST 28TH CT., UNIT 101 HIALEAH, FL 33018				1573 N.W. 208 TERRACE PEMBROKE PINES, FL 33029			
FEI Number: 33-1063126 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
PENA, AR 2430 NW MIAMI, FL	4 TERRACE						
	e named entity e of Florida.	submits this statement for the	e purpose of changing	its registere	d office or registered agent, or l	ooth,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered A	ngent		Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	GARCIA, LUÌS 8020 WEST 2 HIALEAH, FL STD (X RAMIREZ, MA	8TH CT., UNIT 101 33018 () Delete RIA M	Title: Name: Address: City-St-Zip: Title: Name:		(X) Change ( ) Addition ISA 208 TERRACE : PINES, FL 33029 ( ) Change ( ) Addition		
Address: City-St-Zip:	10593 SW 73 MIAMI, FL 33		Address: City-St-Zip:				

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LUISA GARCIA VD 03/30/2005

() Change () Addition