


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 015 ***150.00

DOCUMENT # P03000077957 1. Entity Name XPRT PLUMBING, INC.																			
Principal Place of Business 7001 W. 35 AVENUE 170 HIALEAH, FL 33018 US		Mailing Address 7001 W. 35 AVENUE 170 HIALEAH, FL 33018 US																	
2. Principal Place of Business 9921 W Okeechobee Suite, Apt. #, etc. Unit 121 City & State Hialeah Garden Zip 33016 Country Dade		3. Mailing Address 9921 W. Okeechobee Suite, Apt. #, etc. Unit 121 City & State Hialeah Gardens Zip 33016 Country Dade																	
4. FEI Number 13-4257618		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 MEJIAS, MICHAEL 7001 W. 35 AVE, 170 HIALEAH, FL 33018		7. Name and Address of New Registered Agent Name MEJIAS Michael Street Address (P.O. Box Number is Not Acceptable) 8939 NW 114 street City Hialeah Gardens FL Zip Code 33018																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P MEJIAS, MICHAEL <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEJIAS, MICHAEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7001 W. 35 AVE, APT 170</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33018</td> </tr> </table>		TITLE	P MEJIAS, MICHAEL <input checked="" type="checkbox"/> Delete	NAME	MEJIAS, MICHAEL	STREET ADDRESS	7001 W. 35 AVE, APT 170	CITY-ST-ZIP	HIALEAH, FL 33018	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> MEJIAS Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8939 NW 114 street Hialeah Gardens FL 33018 </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	MEJIAS Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8939 NW 114 street Hialeah Gardens FL 33018	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786)251-3816

3-7-06

Date

Daytime Phone #