

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90017 026 \*\*\*158.75

DOCUMENT # P03000114025

1. Entity Name

BIG LOU'S QUALITY PLUMBING, INC.



Principal Place of Business

15177 NE 21ST AVE  
NORTH MIAMI BEACH FL 33162

Mailing Address

2225 NE 123RD ST  
SUITE 111  
NORTH MIAMI FL 33181



2. Principal Place of Business - No P.O. Box #

97 NE 166 St.

Suite, Apt. #, etc.

3. Mailing Address

2225 NE 123 St

Suite, Apt. #, etc.

#111

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FLORIDA

Zip

33162

Country

United States

City & State

North Miami, FL 33181

Zip

33181

Country

United States

4. FEI Number

43-2031308

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, RICHARD L ESQ  
767 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140-3413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LAZO, LOUIS ☐ Delete  
STREET ADDRESS 2225 NE 123 STREET, #111  
CITY- ST- ZIP NORTH MIAMI FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 prior like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07 305-9059420

Day

Daytime Phone #