## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000117322 1. Entity Name MIAMI PLUMBING & SOLAR HEATING INC. Principal Place of Business Mailing Address 2170 NW 95 ST 2170 NW 95 ST **MIAMI FL 33147** MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business - No P.C. Box # Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 35-2219643 Not Applicable Zιρ Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KITZMILLER, GEORGE 2170 NW 95 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** City 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 happy of registring agert and it elitarphastle. (NOTE: Registered Agent connature required when recentating) DATE FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE Change KITZMILLER, GEORGE STREET ADDRESS 2170 NW 95 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY+ST ZIP U0000033 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-2IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 the empowered.

COUNTY 15 HEMILLON 4-28-08 305-833

FILED