

2012 FOR PROFIT CORPORATION

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|---|---|--------------------------------------|-------------------------------------|----------|--|--|
| 1. Entity Nam | | | | | 200 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| MIAMI PL | LUMBING & SOLAR HE | ATING INC. | | TEST TO | 12 MAY 18 AM 11: 20 | |
| Principal Plac | e of Business | Mailing Address | · · · · · · · · · · · · · · · · · · | | | |
| 2170 NW 95 ST MIAMI, FL 33147 | | 2170 NW 95 ST MIAMI, FL 33147 | 2170 NW 95 ST | | SALL STATES | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | Suite, Apt. #, etc. | | 05092012 Chg-P CR2E034 (12/11) | |
| City & Stat | е | City & State | | | 4. FEI Number Applied For Not Applicab 35-2219643 Not Applicab | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name and Address of Cur | rrent Registered Agent | | | 7. Name and Address of New Registered Agent | |
| ZITZMI I I | ED CEORCE | | Name | | | |
| 2170 NW | • | | Street Ad | dress (F | 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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012 9. Election Campaign Financing S5.00 May Be Added to Fees A | | | | | | |
| 10. | OFFICERS | AND DIRECTORS · | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | KITZMILLER, GEORGE | | NAME | | | |
| STREET ADDRESS | 2170 NW 95 ST | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33147 | | CITY-ST-ZIP | | | |
| TITLE | | Delete | TITLE NAME | | Change Addition | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | 300235288933 05/18/1201012005 ***150.00 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | 55/10/12 51012-1005 *** [50,00 | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME CTREET ACCRES | | | NAME | _ | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS T CITY-ST-ZIP | | | |
| TITLE | | Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY - ST - ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | Change Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | | — 50-010 | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | | 0.00 | |
| indicated of the cor | 2. 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: Secret Putmiller 4-23-2012 MAY 18 2012 | | | | | | |
| | | IR PRINTED AME OF SIGNING OFFICER OR | DIRECTOR DATE | | E-MAIL ADDRESS | |

A. DUNLAP