


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90018 033 ***150.00

DOCUMENT # P03000157639

1. Entity Name
VLADIMIR PLUMBING & GAS, INC.



Principal Place of Business
**2025 MADISON STREET
 SUITE #12
 HOLLYWOOD, FL 33019**

Mailing Address
**2025 MADISON STREET
 SUITE #12
 HOLLYWOOD, FL 33019**

2. Principal Place of Business
1925 THOMAS ST

3. Mailing Address
1925 THOMAS ST


Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Hollywood, FL

Zip **33020** Country **FL**

Zip **33020** Country



02182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0583329

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RANKOVIC, VLADIMIR
 2025 MADISON STREET
 SUITE #12
 HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name **Vladimir Rankovic**

Street Address (P.O. Box Number is Not Acceptable)
1925 THOMAS ST

City **Hollywood** FL Zip Code **33020**

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: *Vladimir Rankovic* DATE: **2/18/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RANKOVIC, VLADIMIR STREET ADDRESS 2025 MADISON STREET, SUITE #12 CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE P NAME Rankovic Vladimir STREET ADDRESS 1925 THOMAS ST CITY-ST-ZIP Hollywood, FL. 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RANKOVIC, ZIVKA STREET ADDRESS 2025 MADISON STREET, SUITE #12 CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE VP NAME RANKOVIC, ZIVKA STREET ADDRESS 1925 THOMAS ST CITY-ST-ZIP Hollywood, FL. 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Vladimir Rankovic* DATE: **2/18/05** DAYTIME PHONE #: **305 522 6396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR