



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91044 026 ***150.00

DOCUMENT # P03000158268			
1. Entity Name JORGE G. VICIEDO PLUMBING, INC.			
Principal Place of Business 221 SW 54TH AVENUE MIAMI, FL 33134 US		Mailing Address 221 SW 54TH AVENUE MIAMI, FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VICIEDO, JORGE G 221 SW 54TH AVENUE MIAMI, FL 33134		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Jorge G. Viciedo - President 221 SW 54 Ave. Miami, FL 33134	<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
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 employees.			
SIGNATURE 		Date 2/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

66422237

