2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P03000158481

Entity Name: KAZ PLUMBING, INC.

Current Principal Place of Business:

9281 CORRAL VIEW
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9281 CORRAL VIEW
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 56-2427694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WLODARCZYK, KAZIMIERZ
9281 CORRAL VIEW
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WLODARCZYK, KAZIMIERZ
Address: 9281 CORRAL VIEW
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete
Name: WLODARCZYK, HALINA
Address: 9281 CORRAL VIEW
City-St-Zip: LAKE WORTH, FL 33467 US

Title: S ( ) Delete
Name: WLODARCZYK, KATARZYNA
Address: 123 NE 36 TERR
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete
Name: NEIGHBORS, ANETA
Address: 9281 CORRAL VIEW
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAZIMIERZ WLODARCZYK P 03/14/2009

Electronic Signature of Signing Officer or Director — Date