## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P04000036660 1. Entity Name 02-28-2005 90214 042 \*\*\*158.75 PLUMBING WORX, INC. Principal Place of Business Mailing Address 3405 NW 68 CT 3405 NW 68 CT 50019559 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3, Mailing Address 51. st. *QHDO* 9430 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE # 100G Applied For City & State 4. FEI Number 42-11018940 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required America 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Iames</u> BAKONDY, JAMES S JR Street Address (P.O. Box Number is Not Acceptable) 3405 NW 68 CT FT L'AUDERDALE FL 33309 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. the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BAKONDY, JAMES S. Jr 8480 Nov. 33 St # 1000 THILE TITLE ☐ Addition ☐ Delete NAME BAKONDY, JAMES S JR NAME STREET ADDRESS 3405 NW 68 CT STREET ADDRESS FT LAUDERDALE FL 33309 -CITY-ST-ZIP CLTY-ST-7(P Ft. Lauderdale. TITLE ☐ Delete TITLE ☐ Change Addition AUDREA BAKONDY 2400 NW 33 St. 12006 NAME NAME STREET ADDRESS STREET ADDRESS Florderdale, Fl 33309 CITY-ST-7IP CITY+ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED