2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043153

1. Entitý Name

LYON PLUMBING SERVICE, INC.



Principal Place of Business

675 SE 8TH PLACE HIALEAH, FL 33010 Mailing Address

675 SE 8TH PLACE HIALEAH, FL 33010

FILED May 02, 2008 08:00 AN Secretary of State



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 04222008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-0850421
 Applied For Not Applica

20-0850421 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

LEON, MANUEL 675 SE 8TH PLACE HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000943411 05/29/08-80056-027 150.00					
10.	OFFICERS AND DIREC	TORS								
TITLE	PD									
NAME	LEON, MANUEL	•								
STREET ADDRESS	675 SE 8TH PLACE									
CITY-ST-ZIP	HIALEAH, FL 33010									
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes further certify that the information indicated on this copy or graph most largest it true and accurate and that my single was shall have the same legal affect as if made under oath; that I am an officer or director										

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01

BN-125-3537