

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90087 031 ***150.00

DOCUMENT # P04000058486 1. Entity Name LEYVA'S PLUMBING, INC.					
Principal Place of Business 1140 W 74TH STREET HIALEAH, FL 33014			Mailing Address 1140 W 74TH STREET HIALEAH, FL 33014		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. Fbi Number 22-3900171			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$9.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEYVA, YORDANO 1140 W 74TH STREET HIALEAH, FL 33014			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and the 4 apostrophe. (NOTE: Reg agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-STATE-ZIP	PD LEYVA, YORDANO 1140 W 74TH STREET HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition	1084 W 40 ST Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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:			4/9/05 (786-260-4750)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					