


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90018 048 \*\*\*150.00

DOCUMENT # P04000145518 1. Entity Name PLUMBING SOLUTIONS SUPPLIES, CORP.	
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Principal Place of Business 7826 NORTHWEST 72ND AVENUE MEDLEY, FL 33166	Mailing Address 7260 NW 174TH TERRACE UNIT 101 MIAMI, FL 33015
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7223 NW 78<sup>th</sup> Ter  
Medley, FL 33166



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1828441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MONTERO, GABRIEL 7260 NW 174TH TERRACE UNITY #101 MIAMI GARDENS, FL 33015	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTERO, GABRIEL 7260 NW 174TH TERRACE UNITY #101 MIAMI GARDENS, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, VANESSA 7260 NW 174TH TERRACE UNITY #101 MIAMI GARDENS, FL 33015
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X / Gabriel Montero **GABRIEL MONTERO PD** 5-11-06 (305) 796-0507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #