2006 FOR PROFIT CORPORATION

12. Thereby certify that the information supplied with this filling does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the record or trusted empowered to execute this report changed, or on an attachmy it with an address, with all pine like empowered.

PED OR PRIMED NAME OF SIGNING OFF

of the corporation or the received

SIGNATURE:

Apr 25, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-25-2006 90105 035 ***150.00 DOCUMENT # P04000164064 1. Entity Name DESMAR PLUMBING CONTRACTORS INC. MANDIO Principal Place of Business Mailing Address 229 N.W. 63RD AVENUE 229 N.W. 63RD AVENUE MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01172006 Chg-P City & State City & State 4. FEI Number Applied For 83-0413325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CEBALLOS, RAMON L Street Address (P.O. Box Number is Not Acceptable) 229 N.W. 63RD AVENUE MIAMI, FL 33144 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition CEBALLOS, RAMON L NAME NAME 229 N.W. 63RD AVENUE STREET ADDRESS STREET ADDRESS CITY-S1-7IP MIAMI, FL 33144 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition CEBALLOS, MARIA L NAME 229 N.W. 63RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

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he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #