2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	MENT # P04000169	&				
1. Entity Nan	ne ADE PLUMBING CONTRAC	CTORS, INC.			FILED	
Principal Plac	on of Business	Mailing Address		05 DEC 30 /	''' 9 OI	
Principal Place of Business Mailing Address 67 N.E. 19TH STREET 67 N.E. 19TH STREET MIAMI, FL 33132 MIAMI, FL 33132			771(, 1 · · · · · ·	1		
2. Principal Place of Business 3. Mailing Address 23985W 2518 23985W			1 2 1			
23983W 2515 23983W Suite, Apt. #, etc. Suite, Apt. #, etc.			23 DX	11292005 Chg-P CR2E03	14 (10/03)	
City & State City & State MIAm.			Fla	4. FEI Number 01-0826378	Applied For Not Applicable	
3313	<u> </u>	33/33	Country USA	9. Certificate of Statos Desired	88.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
LIZASO, ELVINA J 2398 SW 25 ST				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33133			239	2398 SW 25 st		
City / 14/11/ FL Zip Code 33/33						
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						
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME		☐ Delete		resident Vice Presdut	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2398 50 25 AT 2398 500 25 AT MINNI Fla 33	133	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	1000625129	30 SOM OF	
CITY-ST-ZIP			CITY-ST-ZIP	12/30/0501058002	**61.25	
TITLE NAME		Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	*	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	1	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	15,00001	05/06	STREET ADDRESS CITY-ST-ZIP			
12. I hereby of	I findas latinemedian from transit is	true and accurate and that my	he exemption stated is	n Section 119.07(3)(i), Florida Statutes. I further certif the same legal effect as if made under oath; that I an	a an affinar or director	
of the corporation or the receiver or trustes 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 any address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND AVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date						
SIGNATURE AND EMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						