

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000062643

1. Entity Name
AMERICAN CONTRACTING & PLUMBING, INC.



Principal Place of Business
7812 NW 72ND AVE
MEDLEY, FL 33166-2216

Mailing Address
7812 NW 72ND AVE
MEDLEY, FL 33166-2216

2. Principal Place of Business
6921 NW 77 AV

3. Mailing Address
6921 NW 77 AV

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
DOGE

6. Name and Address of Current Registered Agent
GARCIA, OSCAR
4215 W. 15 LANE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name
OSCAR GARCIA
Street Address (P.O. Box Number is Not Acceptable)
4215 W. 15 LANE
City
HIALEAH FL Zip Code
33012

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: *Joslyn Martinez* DATE: 09/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006

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 - ST - ZIP	PS MARTINEZ, JOSLYN 255 SW 82 AVE. MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. MARTINEZ JOSLYN 255 SW 82 AVE. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, OSCAR 4125 W 15 LN HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. GARCIA, OSCAR 4125 W 15 LN HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100079998311 09/20/06--01040--015 **550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800079998348 09/20/06--01040--015 **8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Joslyn Martinez* DATE: 09/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
06 SEP 18 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required