
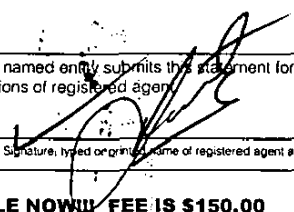
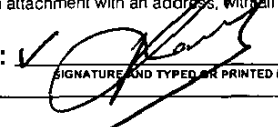


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90002 045 \*\*\*150.00

<b>DOCUMENT # P05000088716</b> 1. Entity Name <b>OMNI PLUMBING SERVICES, INC.</b>			
Principal Place of Business <b>3150 W PEMBROKE ROAD</b> <b>SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>		Mailing Address <b>3150 W PEMBROKE ROAD</b> <b>SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>	
2. Principal Place of Business <b>19553 NW 2<sup>nd</sup> AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>19553 NW 2<sup>nd</sup> AVE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33169</b>		Zip <b>33169</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>	
4. FEI Number <b>61490124</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LECONTE, VERGNIAUD</b> <b>3150 W PEMBROKE ROAD</b> <b>SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>19553 NW 2<sup>nd</sup> AVE</b> City <b>MIAMI</b>	
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.		FL Zip Code <b>33169</b>	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>8-01-06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LECONTE, VERGNIAUD</b> <b>3150 W PEMBROKE ROAD SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19553 NW 2<sup>nd</sup> AVE</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LECONTE, MARIE</b> <b>3150 W PEMBROKE ROAD SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19553 NW 2<sup>nd</sup> AVE</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LECONTE, CAPUCINE</b> <b>3150 W PEMBROKE ROAD SUITE 659</b> <b>HOLLYWOOD, FL 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19553 NW 2<sup>nd</sup> AVE</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE: 		08-01-06 954-701-7417	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	