

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088716

FILED  
May 27, 2008  
Secretary of State

Entity Name: OMNI PLUMBING SERVICES, INC.

## Current Principal Place of Business:

20301 NE 14TH AVE  
N MIAMI BEACH, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

20301 NE 14TH AVE  
N MIAMI BEACH, FL 33179

## New Mailing Address:

FEI Number: 61-1490124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LECONTE, VERGNIAUD  
20301 NE 14TH AVE  
N MIAMI BEACH, FL 33179 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LECONTE, VERGNIAUD  
Address: 20301 NE 14TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: SD ( ) Delete  
Name: LECONTE, MARIE  
Address: 20301 NE 14TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: LECONTE, CAPUCINE  
Address: 20301 NE 14TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERGNIAUD LECONTE

PRES

05/27/2008

Electronic Signature of Signing Officer or Director

Date