


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90152 037 ***150.00

DOCUMENT # P05000124595																																																																																																																																																
1. Entity Name PRODUCTIVE PLUMBING INC.																																																																																																																																																
Principal Place of Business 4700 APPALACHIAN ST BOCA RATON, FL 33428			Mailing Address 4700 APPALACHIAN ST BOCA RATON, FL 33428																																																																																																																																													
2. Principal Place of Business		3. Mailing Address 6217 SW 33 St.																																																																																																																																														
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																														
City & State		City & State Miramar, FL		4. FEI Number 01-0849296																																																																																																																																												
Zip		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																												
6. Name and Address of Current Registered Agent AVILES, LIONEL 4700 APPALACHIAN ST BOCA RATON, FL 33428			7. Name and Address of New Registered Agent																																																																																																																																													
Name			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																													
City			FL Zip Code																																																																																																																																													
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: <u>LIONEL AVILES, President</u> 3/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																														
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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: <u>[Signature]</u> 3/6/06 (954) 632-6566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																