
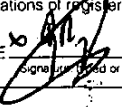



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90092 043 \*\*\*150.00

<b>DOCUMENT # P05000150322</b> 1. Entity Name <b>WILLY'S PLUMBING SERVICE &amp; REPAIR, CORP.</b>					
Principal Place of Business <b>1472 W 44TH TERR HIALEAH, FL 33012</b>		Mailing Address <b>1472 W 44TH TERR HIALEAH, FL 33012</b>			
2. Principal Place of Business - No P.O. Box # <b>3380 W 80 St.</b>		3. Mailing Address <b>3380 W 80 St</b>			
Suite, Apt. #, etc. <b># 102</b>		Suite, Apt. #, etc. <b># 102</b>			
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>			
Zip <b>33018</b>		Country <b>US</b>		Zip <b>33018</b>	
Country <b>US</b>		4. FEI Number <b>20-3824416</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>RAMOS, GUILLERMO R 1472 W 44TH TER HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>Guillermo R. Ramos</b> Street Address (P.O. Box Number is Not Acceptable) <b>3380 W 80 St</b> #102 City <b>Hialeah</b> FL Zip Code <b>33018</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.					
SIGNATURE  <small>Signature of the registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>1/15/07</b>		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <del>P. RAMOS, GUILLERMO R 1472 W 44TH TERR HIALEAH, FL 33012</del> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P Guillermo R. Ramos 3380 W 80 St #102 Hialeah FL 33018</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <del>S RAMOS, YOLLIZTI 1472 W 44TH TERR HIALEAH, FL 33012</del> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>S Yollizti Ramos 3380 W 80 St #102 Hialeah FL 33018</b> <input checked="" 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		
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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		
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: 			DATE <b>1/15/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <b>(786) 326-9016</b>		