## -1 --2007 FOR PROFIT CORPORATIÓN ANNUAL REPORT

## FILED May 29, 2007 8:00 am Secretary of State 05-02-2007 90053 010 \*\*\*150.00

NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP	1. Entity Name	MENT # P060000 EPLUMBING CONTRA					<b>U</b> · ·	· <b>-</b> -		
Suite, April P, etc.  Suite, April P, etc.  Suite, April P, etc.  Cey & State  A. FEI Number	22720 S.W. 1	79 AVENUE	22720 S.W. 179 AV				•			
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   D4242007   Chg.P   CR2E034 (12/06)	2. Pruncipal Pla	ace of Business - No P.O. Box #	3. Mailing Address							
Zip County Zip County Sip County S. Conflicate of Status Desired Season Status Address of Current Registered Agent 7. Name and Address of Naw Registered Agent 8. The Address of Naw Registered Agent	Suite, Apt. #	, etc.	Suite, Apt. #, etc.			04242007	Chg-P	CR2E034 (1	2/06)	
- S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  9. Cery  FL  Zip Code  Name  Sites Address (P.C. Sox Number is Not Acceptable)  City  FL  Zip Code  1. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in equipations of registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in the purpose of registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in the purpose prince prince in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in the purpose prince prince in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent, or both, in the Siste of Florida. I am lamiler with, and acceptable in registered agent acceptable of Florida. I am lamiler with, and acceptable in registered agent acceptable in registered agent acceptable in registered agent.  7. Name and Address (P.C. Sox Number is Not Acceptable)  8. The Address (P.C. Sox Number is Not Acceptable)  8. Certable in registered agent, or both, in the Siste of F	City & State		City & State		4. FEI Numbe	20-421	5936			
After May 1, 2007 Foo will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  Signer Address  OFFICERS AND DIRECTORS  OFFICERS AND DI	·			Country		<u> </u>		FeeR	equired	ı)
Street Address (P. C. Box Number is Not Acceptable)    City   FL   Zip Code		5. Name and Address of Curr	rent Registered Agent	,	Name	7. Nemo end	Address of Naw R	legistered Agant	· <del></del>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siete of Florida. I am lamiliar with, and accidence to the purpose of changing its registered office or registered agent, or both, in the Siete of Florida. I am lamiliar with, and accidence to the purpose of the purpose of changing its registered office or registered agent, or both, in the Siete of Florida. I am lamiliar with, and accidence to the purpose of the	22720 S.W.	179 AVENUE		5	Street Address (	P.O. Box Numbe	er is Not Acceptable	9}		
Inter Bolligations or registered agent.    Signature registered agent agent and the supplicable.   PROTE Registered Agent algorithms remaisturing)   DATE				-	City			FL Z	ρ Code	
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	<u> </u>	3.	0.51==1=-6==					DATE		
TITLE MAME  GARCIA, JULIO C  SARET ADDRESS CITY-51-2P  MIAMI, FL 33170  Delete  MIRE MAME  SIRET ADDRESS CITY-51-2P  MIAMI, FL 33170  Delete  MIRE  MAME  SIRET ADDRESS CITY-51-2P  TITLE  MAME  SIRET ADDRESS CITY-51-2P  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  D	After Ma	y 1, 2007 Fee will be \$5	50.00 Trust Fund C	ontribution.		ed to Fees	CHANGES TO DEF	ICERS AND DIRE	CTOPS IN 1	
INTE   Delete   INTE   NAME   STREET ADDRESS   STREET ADD	THLE MAME STREET ADDRESS	PD. GARCIA, JULIO C 22720 S.W. 179 AVENUE		TITLE MAME STREET A		<u> </u>	0.19410£3 (0.01)			Addition
NAME SIRET ADDRESS CRY-ST-ZP    Delete   TITLE	TITLE NAME STREET ADDRESS		☐ Deicte	NAME Street a			<u> </u>	cı	hange 📑 /	Addilion
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE  ADDRESS  CITY-ST-ZIP  TO CHANGE  ADDRESS  CITY-ST-ZIP  TO CHANGE  ADDRESS  CITY-ST-ZIP  TO CHANGE  CHANGE  CHANGE  ADDRESS  CITY-ST-ZIP  TO CHANGE  CH	HAME STREET ADDRESS		☐ Delete	NAME Street a				<u> </u> a	range /	Addilion
NAME SIREET ADDRESS CITY-ST-DP  TITLE NAME SIREET ADDRESS CITY-ST-DP  TITLE NAME SIREET ADDRESS CITY-ST-DP  12. I hereby certify that the information supplied with this filling 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 sacurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver of trustee Ampowered to shacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block to changed, or on an attachment with an address, with all obterfiling ampowered.	NAME Street Adoress		☐ Delete	MAME STREET A			, -	Dα	range /	Addition
NAME SIRET ADDRESS CITY-ST-2P  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 direct of the corporation or the receiver of trustee ampowered to shock the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block to changed, or on an attachment with an address, with all oater like ampowered.	NAME STREET ADDRESS		☐ Delsts	name Street a				_ a	nange 🗀 /	Addition
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an ordicar or direct of the corporation or the receiver of trustee impowered to should this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block to changed, or on an attachment with an address, with all other like importance.	NAME STREET ADDRESS		☐ Celete	name Street a				_ c	nange [] A	Addition
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