
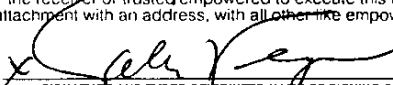


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90062 011 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P06000086346</b><br>1. Entity Name<br><b>WC WRANGLER PLUMBING INC</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>12023 SW 194 TERRACE<br/>MIAMI, FL 33177</b>   |   |  | Mailing Address<br><b>12023 SW 194 TERRACE<br/>MIAMI, FL 33177</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 01272007    Chg-P    CR2E034 (12/06)   |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>20-5224428</b>   |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VEGA, CARLOS<br/>12023 SW 194 TERRACE<br/>MIAMI, FL 33177</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>VEGA, CARLOS<br>12023 SW 194 TERRACE<br>MIAMI, FL 33177 | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>IRASEMA VEGA<br>12023 SW 194 TERRACE<br>MIAMI FL 33177    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 officers empowered. |   |  |   |  |  |
| SIGNATURE:    |   |  | 01/27/07    (786) 486 2552  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date    Daytime Phone #   |  |  |