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Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90105 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000037331

1. Entity Name
AROSTEGUI PLUMBING CORP

400101…

Principal Place of Business	Mailing Address
10419 OLD CUTLER RD MIAMI, FL 33190 FL	10419 OLD CUTLER RD MIAMI, FL 33190 FL

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business – No P.O. Box #	3. Mailing Address
15365 SW 288 ST	P.O BOX 971223
Suite, Apt. #, etc.	Suite, Apt. #, etc. MIAMI
City & State: HOMESTEAD, FL	City & State: Miami, FL.
Zip: 33033 Country: U.S.A	Zip: 33197 Country: U.S.A

4. FEI Number 20-8683305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AROSTEGUI, YUNIOR
10419 OLD CUTLER RD
MIAMI, FL 33190

7. Name and Address of New Registered Agent

Name: AROSTEGUI, PlumBINB CORP
Street Address (P.O. Box Number is Not Acceptable): 15365 SW 288 ST
City: HOMESTEAD **FL** Zip Code 33033

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: [signature] 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P AROSTEGUI, YUNIOR 10419 OLD CUTLER RD MIAMI, FL 33190	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/16/08 786-525-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #