

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


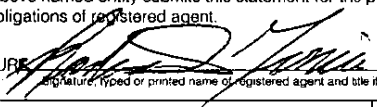
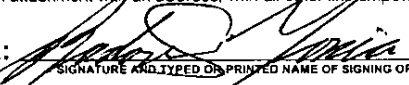
**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90095 001 \*\*\*115.00  
05-08-2008 90095 002 \*\*\*\*35.00

**66010039**



04012008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000079415</b>					
1. Entity Name <b>FATHER PLUMBING, INC.</b>					
Principal Place of Business <b>5710 WEST 20 CT HIALEAH, FL 33016</b>			Mailing Address <b>5710 WEST 20 CT HIALEAH, FL 33016</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1312698</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GARCIA, RADAMES 5710 WEST 20 CT HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, RADAMES		NAME		
STREET ADDRESS	5710 WEST 20 CT		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARCIA, RADAMES J		NAME	Vice President	
STREET ADDRESS	5710 WEST 20 CT		STREET ADDRESS	Lourdes Garcia	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	5710 W. 20 CT. Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Radames Garcia, Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		