

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076219

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: PRO QUALITY PLUMBING, INC

**Current Principal Place of Business:**

4606 HAZEL AVE. SOUTH  
LEHIGH ACRES, FL 33976

**New Principal Place of Business:**

**Current Mailing Address:**

4606 HAZEL AVE. SOUTH  
LEHIGH ACRES, FL 33976

**New Mailing Address:**

FEI Number: 27-3493186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GONZALEZ, ELICIEL  
4606 HAZEL AVE. SOUTH  
LEHIGH ACRES, FL 33976 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GONZALEZ, ELICIEL  
Address: 4606 HAZEL AVE. SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33976 US

Title: VP  
Name: GONZALEZ, LUIS  
Address: 4606 HAZEL AVE SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33976 US

Title: S  
Name: MARTINEZ, REINEL  
Address: 631 SE 3RD PL  
City-St-Zip: HIALEAH, FL 33010 US

Title: T  
Name: HERNANDEZ, OTONIEL  
Address: 725 E 8TH LN  
City-St-Zip: HIALEAH, FL 33010 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELICIEL GONZALEZ

PSTD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date