## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 05, 2008 08:00 A Secretary of State **DOCUMENT # P93000013719** 1. Entity Name MANNY'S PLUMBING SERVICE INC. Principal Place of Business Mailing Address 1631W 38 PL 1631 WEST 38 PL 1502A BAY 1502-A HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (11/05) 03022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0390477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PERDOMO, MANUEL 9850 N.W. 27TH ST. MIAMI, FL 33172 IN THIS SPACE 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. DATE · Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PERDOMO, MANUEL NAME 9850 N.W. 27TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE PERDOMO, MARLENE NAME STREET ADDRESS 9850 NW 27TH ST CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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: X

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-SY-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED