

15, 1993  
\$750).

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90346 005 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT</b> 2001		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000024488**

1. Corporation Name

ALL CITY PLUMBING INC.

Principal Place of Business

4611 S UNIVERSITY DRIVE  
SUITE 197  
DAVIE FL 33328

Mailing Address

4611 S UNIVERSITY DRIVE  
SUITE 197  
DAVIE FL 33328



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1993

4. FEI Number

65-0399358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

Yes

☒ No

9. Name and Address of Current Registered Agent

BALSANO, LISA  
9549 SW 1ST CT  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

LISA BALSANO

82 Street Address (P.O. Box Number is Not Acceptable)

4240 SW 54th AVE

83

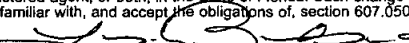
84 City

Fort Lauderdale FL

85

Zip Code 33314

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE 

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
BALSANO, LISA  
STREET ADDRESS 9549 SW 1ST ST  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME D  
GARCIA, JORGE  
STREET ADDRESS 9549 SW 1ST CT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LISA BALSANO

1.3 STREET ADDRESS 4240 SW 54th AVE

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33314

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JORGE GARCIA

2.3 STREET ADDRESS 4240 SW 54th AVE

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33314

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/30/01 954 583 4310

CR2E034 (5/99)