2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of St			
	MENT # P930000819		<u> </u>	,	Seci eta	y or Su	
1. Entity Name BUSTO PLUMBING SERVICES, INC.				1			
500101	LUMBING CERTIFICES, INC.						
Principal Plac	e of Business	Mailing Address	<u>.l</u>	,			
1702 ST. LOUIS STREET 1702 ST. LOUIS STREET							
TAMPA, FL 3	33007	TAMPA, FL 33607		}			
		· · · · · · · · · · · · · · · · · · ·					
	,				E JUINEU EINEN MARKIN MONEN MUSKIN	S MINI INTER SENIE SENIE SENIE	IMMI MASIMBS IT 1990E
_		DI TINO ODA		01152008	No Chg-P	CR2E034 (11	(05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For
-	سوامل العافد فقعا العا	e e mande e per un en	· · · · · · · · · · · · · · · · · · ·	59-322			Not Applicable Additional
			• • • • •	5. Certificate	of Status Desired	Fee Re	
	6. Name and Address of Current Re	gistered Agent	۱.		`. 		,
BUSTO, P	PETER N LOUIS STREET			DO	NOT W	RITE	
TAMPA, F				· · · · · ·	THIS SP		
		,		. 114		706	
		<u>;</u>					<u> </u>
	named entity submits this statement for t tions of registered agent.	he purpose of changing its registe	erea office or registe	red agent, or bo	oth, in the State of Fig	rida. Tam tamillar	with, and accept
SIGNATURE.	:						
:	Signature, typed or printed name of registered agent and	table if applicable. (NOTE: Registe	red Agent signature require	d when reinstating)	,	DATE	
FIL After M	.E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	ancing \$5 n. ↓ □ Add	i.00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS		. , ,	L Hoobia	0790099	•
TITLE NAME	D BUSTO, PETER N		ł		01/23/08	0790098 -80020-02	4 150.00
STREET ADDRESS	1702 ST. LOUIS STREET						
TITLE	TAMPA, FL 33607		<u> </u>	; '	,	,	
NAME	ZAMBITO, RANDALL A		,				
STREET ADDRESS	1702 ST. LOUIS STREET TAMPA, FL 33607				•		
TITLE	7/11/7/12 00001				•••	• • •	
NAME STREET ADDRESS			:		·	·	
CITY - ST-ZIP				. : DO	NOT W	RITE	
TITLE				IN	THIS SE	PACE	
NAME STREET ADDRESS			,		7 7	, .	,
CITY-ST-ZIP	4						
TITLE						• , ,	
STREET ADDRESS				د دريد خمودو د مريد خمودو		***	
CITY-ST-ZIP						الربية الدسيد بيانية وكا لرباد	ر آر او بارجو که مجاز د در به مجاز د
NAME NAME	Period of the Car	r, e calland	the of property		مېرماي چې <u>ه مو^{ال} د .</u>	والمرابع أنته المرابع والمرابع	garanti ping j
STREET ADDRESS	и вира и почети почети				, ,		,

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: 2

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #