

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088406

FILED
Aug 26, 2004
Secretary of State

Entity Name: QUALITY PLUMBING CONTRACTORS, INC.

Current Principal Place of Business:

1565 W 35TH PL
HIALEAH, FL 33012

New Principal Place of Business:

2315 WEST 2 AVENUE
HIALEAH, FL 33010

Current Mailing Address:

1565 W 35TH PL
HIALEAH, FL 33012

New Mailing Address:

2315 WEST 2 AVENUE
HIALEAH, FL 33010

FEI Number: 65-0620905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERAFIN, RAUL H
1565 W 35 PLC
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BARBOSA, ARMANDO
2315 WEST 2 AVENUE
HIALEAH, FL 33010 US

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: ARMANDO BARBOSA

08/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SERAFIN, RAUL H
Address: 2950 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: RODRIQUEZ, FERNANDO
Address: 932 NW 134TH PL
City-St-Zip: MIAMI, FL 33182

Title: VP () Delete
Name: SERAFIN, DIANA I
Address: 2950 SW 135 AVE
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBOSA, ARMANDO
Address: 2315 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Change () Addition
Name: BARBOSA, ARMANDO
Address: 2315 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Change () Addition
Name: BARBOSA, ARMANDO
Address: 2315 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: T () Change (X) Addition
Name: BARBOSA, ARMANDO
Address: 2315 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMANDO BARBOSA

P

08/26/2004

Electronic Signature of Signing Officer or Director

Date