2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 All Secretary of State DOCUMENT # P95000090389 1. Entity Name DE V'S PLUMBING, INC. Principal Place of Business Mailing Address 855 NE 76 ST 855 NE 76 ST **MIAMI FL 33138** MIAMI FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0622662 Not Applicable Ζıρ Country Zie Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE VERTEUIL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 855 N E 76 ST **MIAMI FL 33138** Zip Code City 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. SIGNATURE Synature, typed or printed name of registroid agent and talled applicable. DATE (NOTE: Registered Agent agrection required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME NAME DE VERTEUIL, JOESPH M 855 NE 76 ST STREET ADDRESS STREET ADDRESS 000000816901 02/14/00 00070 023 15 City-St-7P MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Ûalete TITLE NAME DE VERTEUIL, NICOLA M NAME STREET ADDRESS 855 NE 76 ST STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 Daiete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CiTY-ST-7/8 TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 altrachment with an address, with all other like empowered.

SIGNATURE: ___

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2 2008 305 759 0092