


2004, FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90457 041 ***150.00

DOCUMENT # P96000024400 1. Entity Name SUPERIOR PLUMBING, INC.					
Principal Place of Business 7840 S.W. 90 AVENUE MIAMI, FL 33173			Mailing Address 7840 S.W. 90 AVENUE MIAMI, FL 33173		
2. Principal Place of Business 9301 S.W. 92 AV Suite, Apt. #, etc. B-411 City & State MIAMI, FL Zip 33176		3. Mailing Address 1172 So. Dixie Hwy Suite, Apt. #, etc. # 511 City & State CORAL GABLES, FL Zip 33146			
Country USA		Country USA		4. FEI Number 65-0651673	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, ROBERT S 7840 S.W. 90 AVENUE MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>ROBERT S. HARRIS</u> <u><i>Robert S. Harris</i></u> <u>5-4-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD HARRIS, ROBERT S 7840 S.W. 90 AVENUE MIAMI, FL 33173 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD ROBERT S. HARRIS 9301 S.W. 92 AV. # B-411 MIA, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 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: <u>ROBERT S. HARRIS</u> <u><i>Robert S. Harris</i></u> <u>5-4-04</u> <u>786-355-6323</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					