

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 Mailing Address
7840 S.W. 90 AVENUE **7840 S.W. 90 AVENUE**
MIAMI, FL 33173 **MIAMI, FL 33173**

2. Principal Place of Business 3. Mailing Address
9301 S.W. 92 AV **1172 So. Dixie Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B-411 **# 511**

City & State City & State
MIAMI, FL **CORAL GABLES, FL**
 Zip Country Zip Country
33176 **USA** **33146** **USA**



05052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
HARRIS, ROBERT S
7840 S.W. 90 AVENUE
MIAMI, FL 33173

4. FEI Number Applied For
65-0651673 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: **ROBERT S. HARRIS** *Robert S. Harris* **5-4-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVSD	<input type="checkbox"/> Delete
NAME	HARRIS, ROBERT S	
STREET ADDRESS	7840 S.W. 90 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT S. HARRIS	
STREET ADDRESS	9301 S.W. 92 AV. # B-411	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROBERT S. HARRIS** *Robert S. Harris* **5-4-04** **786-355-6323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #