


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90987 034 ***150.00

DOCUMENT # P96000045164	
1. Entity Name PLUMBER I AM, INC.	

Principal Place of Business 21536 TOLEDO RD BOCA RATON, FL 33433	Mailing Address 21536 TOLEDO RD BOCA RATON, FL 33433
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94067067



2. Principal Place of Business 9775 D BOCA GARDENS Cir N	3. Mailing Address 9775-D BOCA GARDENS Cir. N
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04202004 Chg-P CR2E034 (10/03)

City & State BOCA RATON FL	City & State BOCA RATON FL
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4. FEI Number 65-0668477	Applied For Not Applicable
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Zip 33496	Country PALM BCH	Zip 33496	Country PALM BCH
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDSTEIN, LESLIE 21536 TOLEDO RD BOCA RATON, FL 33433	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9775 D BOCA GARDENS CIRCLE N BOCA RATON FL Zip Code 33496	
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, LESLIE 21536 TOLEDO RD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9775 D BOCA GARDENS CIRCLE N BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTEIN, MICHAEL 21536 TOLEDO RD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9775 D BOCA GARDENS CIRCLE N BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, DONALD 1199 SW 2ST AVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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

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: 	LESIE GOLDSTEIN Pres 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #