


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90831 008 \*\*\*150.00

<b>DOCUMENT # P97000072617</b> 1. Entity Name <b>RICCARDI PLUMBING, INC.</b>																											
Principal Place of Business <b>3200 N MILITARY TRAIL #201 BOCA RATON, FL 33431</b>		Mailing Address <b>3200 N MILITARY TRAIL #201 BOCA RATON, FL 33431</b>																									
2. Principal Place of Business - No P.O. Box # <b>950 Peninsula Corp Cir.</b>		3. Mailing Address <b>950 Peninsula Corp Cir.</b>																									
Suite, Apt. #, etc. <b>Suite 2000</b>		Suite, Apt. #, etc. <b>Suite 2000</b>																									
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>																									
Zip <b>33481</b>		Zip <b>33481</b>																									
Country		Country																									
4. FEI Number <b>65-0776810</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>RICCARDI, EMILIO P PRES. 6871 ALDENRIDGE DR. BOYNTON BEACH, FL 33437</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2950 NW Commerce Park Dr. #4</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33426</b>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICCARDI, EMILIO P D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6871 ALDENRIDGE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	RICCARDI, EMILIO P D		STREET ADDRESS	6871 ALDENRIDGE DR.		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">2950 NW Commerce Park Dr #4</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Boynton Beach FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33426</td> <td></td> </tr> </table>		TITLE	2950 NW Commerce Park Dr #4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Boynton Beach FL		STREET ADDRESS			CITY-ST-ZIP	33426	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address with all other like empowered.																											
SIGNATURE:  _____ <small>SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
Date		Daytime Phone #																									