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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075402

Corporation Name
 PLUMBER INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90175 022 ***150.00

I LOWIDE									
Principal Place	e of Business	Mailing Address	-			100111 10021 00211 00111 0011 0011	1 1 4 50 1 01111 01011 0		
7579 WEST 31		7579 WEST 31 AVE							
HIALEAH FL 33		HIALEAH FL 33018							
						DO NOT WRITE IN THE	S SPACE		
					 Date Incorporate 08/29/1997 	led or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	
21		26			65-0777364	65-0777364 Not Applicat			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Sta	atus Desired	\$8.75 A	I	
22			27				Fee Red		
City & State		City & State			6. Election Campa		\$5.00		
23		28			Trust Fund Cor		Added to	rees	
Zip	Country	Zip	Coun	uy		n owes the current year Ir		□No	
24	25 25 25 25 Curren		30		Personal Prope	dress of New Registered		<u></u>	
	9. Name and Address of Currer	nt Registered Agent		31 Name	7	. 0	1	\sim	
CAS	CARDO, JUAN		L		CASCARdo	o, PAISO	IIA IS	//-	
	NW 170 TERRACE		ļi	32 Street	Address (P.O. Box Number	r is Not Acceptable)	<i>00</i> .	ĺ	
	MI FL 33015		}	83	1042 1100	170 10	<u> </u>		
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	•		[:	B4 City	Y)	FI	85 Zig C	ode	
44	to the provisions of Sections 607.050	22 and 607 1509 Florida Statute	e the ab	ove named o	corporation submits this st	stement for the nurrose of	of changing its	registered	
office or re	egistered age nt, o t both, in the State	of Florida. Such change was at	Jthorized	by the corpo	ration's board of directors.	. I hereby accept the appo	pintment as reg	jistered	
agent (a)	m familiar with and accept the obliga	ations of Section 607.0505, Flor	ida Statut	es.					
agent. i a		·				:D~ ;	ツバー のり	·	
SIGNATURE	(x) Poller				, willed whose rejectations)	2-3	74-99		
SIGNATURE	The state of the s	ent and title if applicable. (NOTE:	Registered A		quired when reinstating) ADDITIONS/CH/	DATE ANGES TO OFFICERS A	74-99 IND DIRECTOR	RS IN 12	(00)
SIGNATURE	OFFICERS AN	ont and title if applicable. (NOTE:	Registered A	gent signature re	ADDITIONS/CH	DATE ANGES TO OFFICERS A		RS IN 12	11/00/
SIGNATURE 12. TITLE	OFFICERS AN	ent and title if applicable. (NOTE:	Registered A	gent signature re	PRESIDENT,	ANGES TO OFFICERS A	ND DIRECTOR Change		(41/08)
SIGNATURE 12. TITLE NAME	PSTD CASCARDO, JUAN	ont and title if applicable. (NOTE:	13.	gent signature re	PRESIDENT CASCARDO	PRISCIPA	Change		144/08/
SIGNATURE 12. TITLE NAME STREET ADDRESS	PSTD CASCARDO, JUAN 7892 NW 170 TERR.	ont and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature re E E EET ADDRESS	PRESIDENT,	ANGES TO OFFICERS A	Change		000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD CASCARDO, JUAN	ont and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature re E IE EET ADDRESS	PRESIDENT CASCARDO	PRISCIPA	Change		7007077 7447087
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SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	PSTD CASCARDO, JUAN 7892 NW 170 TERR.	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM	gent signature re E IE EEET ADDRESS '-ST-ZIP E	PRESIDENT CASCARDO	PRISCIPA	Change 77.	☐ Addition	CD2EC24 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD CASCARDO, JUAN 7892 NW 170 TERR.	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITO 2.1 TITL 2.2 NAM 2.3 STR	gent signature re E IE EEET ADDRESS '-ST-ZIP E EEET ADDRESS	PRESIDENT CASCARDO	PRISCIPA	Change 77.	☐ Addition	(41/08)
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) HOUSE URE REQUIRED WANTED WANTED TO PROPERTY OF PRO

b-Pdf 305-258-6230 | Daytime Phone #