PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000035156

B & B PLUMBING ENTERPRISES, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90052 002 ***150.00

£ 18871884 tre 48181 181	ri dein ebris excit es	Yan eiene meine eiten	t Betrift Øffit fæter

Principal Plac	e of Business	Mailir	ng Address				t 1951/641 he reich lättt ablit sein sein ables mer an	#1 11##+ #	7114 #41) 2##1
3531 SW 122 /	AVENUE	3531 5	SW 122 AVENUE				}		
MIAMI FL 3317			I FL 33175					_	
1							DO NOT WRITE IN THIS SPAC	E	
							3) Date Incorporated or Qualifed		
<u>-</u>							04/16/1998	1400	lied For
	Place of Business	_	ailing Address				4. FEI Number 0826523		Applicable
21	<u></u>	26							doltional
Suite, Apt.	#, etc.	<u> </u>	uite, Apt. #, etc.					ee Red	
22	<u> </u>	27	it. 8 State						
City & Stat	[8]		ity & State					dded K	May Be
Zip	Country	[26]	n	Cour	ntrv		8. This corporation owes the current year intangible		
——————————————————————————————————————	25	29	1	30	,		Personal Property Tax.		XNo
24	9. Name and Address of Curr		nd Agent	[30]	_		10. Name and Address of New Registered Agent		
 -	5, Italia and Addition of Collin				81	Name			
GON	/iez, ramon)					
	1 SW 122 AVENUE			j	82	Street Addr	ess (P.Ö. Box Number is Not Acceptable)		f
	MI FL 33175			ł	83				
]				Ì					
					84	City	FI 85	Zip C	ode
	to the consistence of Continue 607 Di	502 and 607	+EOS Elosda Statute	ac the at	~~	named com	pration submits this statement for the ouroose of change	ing its I	egistered
11. Pursuant	registered agent, or both, in the Stat	e of Florida.	Such change was a	uthonzed	by i	the corporation	oration submits this statement for the purpose of chang on's board of directors. I hereby accept the appointment	as reg	istered
agent, i a	im familiar with, and accept the obliq	gations of, Se	ection 607.0505, Flo	rida Statu	rtes.	•			
SIGNATURE			NOTE:	6 in the second	Acer	d aleman and a series are	d when reinstiting) DATE		
	Signature, typed or printed name of registered at OFFICERS A			13.	Agent	r squarces rectus	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTO	RS IN 12
12.	PD	AND DIRECT	DELETE	13. 1.1 ग्रा	LE.				Addition
1	GOMEZ, RAMON		<u></u>	1.2 NA		Ì		-	1
NAME	0504 OH 400 ALENIE					ADDRESS			ĺ
STREET ADDRESS	MIAMI FL 33175			1.4 CF		· ·			
CITY-ST-ZIP	MINIMI FL 33113		☐ DELETE	21 111				nange	Addition
	1			2.2 NA			_	•	1
NAME						ADDRESS.			{
STREET ADDRESS	ĺ			2.40					Į
CITY-ST-ZIP			☐ DELETE	3.1 Til	_	1- <i>LR</i>		19000	Addition
TITLE	(f		-aryo	
NAME ~ -						ţ			
STR <u>eet Adoress</u>				32 NA	ME				
				32 NA 33 STI	ME REET	ADDRESS			
CITY-ST-ZIP				32 NA 33 STI 34, CI	ME REET TY-ST			hange	Addition
TITLE			DELETE	32 NA 33 STI 34. CI 4.1 TII	ME REET TY-ST LE				Addition
TITLE NAME				32 NA 33 STI 34, CI 4.1 TII 4.2 NA	ME REET TY-ST LE WE	т-21Р			Addition
TITLE NAME STREET ADDRESS				32 NA 33 STI 34. CI 4.1 TII 4.2 NA 43 STI	ME REET TY-ST LE WE REET	T-ZIP ADORESS			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	32 NA 3.3 STI 3.4, CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII	ME TY-ST LE WE REET TY-ST	T-ZIP ADORESS		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				32 NA 33 STI 3.4. CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII	REET TY-ST LE WE REET TY-ST LE	T-ZIP ADORESS		hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	32 NA 33 STI 34 CI 4.1 TII 4.2 NA 43 STI 44 CII 5.1 TII 52 NA	ME TY-ST LE WE REET TY-ST LE	T-ZIP ADORESS 1-ZIP		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	32 NA 33 STI 34. CII 4. 2 NA 4.3 STI 44 CII 52 NA 53 STI 52 NA	ME TY-ST LE WE REET TY-ST LE ME REET	T.ZIP ADORESS -ZIP ADORESS		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	32 NA 33 STI 34. CTI 4. Z NA 43 STI 44 CTI 51 TIT 52 NA 53 STI 54 CTI	ME REET TY-ST LE WE REET TY-ST LE ME TY-ST TY-ST	T.ZIP ADORESS -ZIP ADORESS		nange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	32 NA 33 STI 34. CTI 4.1 TIT 4.2 NA 43 STI 44 CTI 52 NA 53 STI 54 CTI 6.1 TITI	REET TY-ST LE ME REET TY-ST LE ME REET TY-ST LE	T.ZIP ADORESS -ZIP ADORESS		nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	32 NA 33 STI 34. CTI 4.1 TII 4.2 NA 4.3 STI 44 CTI 52 NA 5.3 STI 5.4 CTI 6.1 TITI 6.2 NA	REET TY-ST LE ME REET TY-ST LE ME	T. ZIP ADDRESS 7-ZIP ADDRESS 1-ZIP		nange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	32 NA 33 STI 34. CTI 41 TTI 4.2 NA 4.3 STI 44 CTI 52 NA 5.3 STI 5.4 CTI 6.1 TTI 6.2 NA 6.3 STI 6.3 STI 6.3 STI 6.3 STI 6.3 STI 6.4 CTI 6.5 STI	REET TY-ST LE ME REET TY-ST LE ME	T.ZIP ADDRESS T.ZIP ADDRESS T.ZIP ADDRESS T.ZIP		nange	☐ Addition

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 ennual 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:

SIGNATURE:

CONTRACTOR OF THE PROPERTY OF