2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # P99000060506 1. Entity Name R.L. D'ADDIO PLUMBING CO., INC.				And Andreas and An	Secretary of Sta	ite
Principal Place of Business Mailing Address 1125 CRESTWOOD BOULEVARD 1125 CRESTWOOD BOULEVARD LAKE WORTH, FL 33460 LAKE WORTH, FL 33460			ARD		B (BII(B (BII)) BBII() BBII() BBII() BBII() BBII() BBII() BBII() BBII() BBII()	
D	OO NOT WRITE I		-	01232007 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			-	DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered affice 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 liste if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Ejection Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	U00000608218 02/01/07-80001-014 150.00	9
10. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT ADDRESS CITY-ST-ZIP	PSTD D'ADDIO, RICHARD 18442 102 WAY SOUTH BOCA RATON, FL 33498	CTORS		DO	NOT WRITE	
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NAME STREET ADDRESS CITY - ST - ZIP	anify that the information symplical with this					

14. I nereby certify that the information supplied with this filling 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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