2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90075 049 ***150.00

PRICE PRIZE OF LINEAGE Main placement	DOCUMENT # S26449 1. Entity Name A.K.O. PLUMBING CORPORATION								03-29-2004 90075 049 ***150.00				
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S. Stame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASSIGN TA AVENUE MIAMI, FL 33155 City FL Zp Code City City FL Zp Code City FL Zp Code City City City FL Zp Code City City FL Zp Code City City City FL Zp Code City City FL Zp Code City City FL Zp Code City City City FL Zp Code City City City City City FL Zp Code City City City FL Zp Code City Cit	City & State				City & State				l .		نيد و ب		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	p Country				Cour	itry		5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Fiorida. I am familiar with, and accept the collipations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE DPS		6. Name a	nd Address of Curre	nt Regis	tered Agent				7. Name and	Address of New R	legistered A	gent	
The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, listed or prince named registered agent and late it assistants. (NOTE: flagsseries Agent signature required when remaining) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITUS FUNDER GARCIA, JULIO TITUS DPS GARCIA, JULIO STRETA JONESS CITY-ST-2P MIAMI, FL Delete TITLE MAKE STRETA JONESS CITY-ST-2P TI	4583 SW 75 AVENUE												
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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 acquirate 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 effect the 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 appropriate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Julio Garcia 03/24/0

(305)269-8033

Daytime Phone #