


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90067 009 \*\*\*150.00

<b>DOCUMENT # S26449</b>	
1. Entity Name <b>A.K.O. PLUMBING CORPORATION</b>	

Principal Place of Business <b>4583 SW 75 AVENUE MIAMI, FL 33155 US</b>	Mailing Address <b>4583 SW 75 AVENUE MIAMI, FL 33155 US</b>
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**40037418**



2. Principal Place of Business - No P.O. Box # <b>4519 SW 75 AVE</b>	3. Mailing Address <b>4519 SW 75 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152007 Chg-P CR2E034 (12/06)

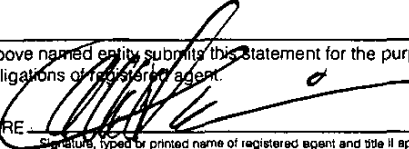
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>	4. FEI Number <b>65-0237654</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33155</b>	Country <b>US</b>	Zip <b>33155</b>	Country <b>US</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ROMAN, ALBERTO 4583 SW 75TH AVE MIAMI, FL 33155</b>	
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7. Name and Address of New Registered Agent	
Name <b>ROMAN, ALBERTO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4519 SW 75 AVE</b>	
City <b>MIAMI</b>	FL Zip Code <b>33155</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.

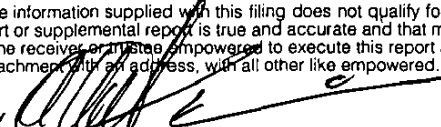
SIGNATURE:  **02/19/2007 (305) 269 8033**

(NOTE: Registered Agent signature required when reinstating)

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROMAN, ALBERTO 3922 SW 107 AVE. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROMAN, ALBERTO 4519 SW 75 AVE. MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, ADALMYS 4583 SW 75 AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, ADALMYS 4519 SW 75 AVE. MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **02/19/2007 (305) 269 - 8033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #