


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S29885**  
 1. Entity Name  
**RONEAN PLUMBING INCORPORATED**



Principal Place of Business      Mailing Address  
**6710 N AUGUSTA DR**      **6710 N AUGUSTA DR**  
**HIALEAH, FL 33015 US**      **HIALEAH, FL 33015 US**

**DO NOT WRITE IN THIS SPACE**



01122004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0245912**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MUNOZ, RODOLFO**  
**6710 N AUGUSTA DR**  
**HIALEAH, FL 33015**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000031035  
 03/17/04-80043-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MUNOZ, ROMAINE 6710 N AUGUSTA DR HIALEAH, FL 33015
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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)(f), 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 807, 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: Romaine Munez - Romaine Munez    31504    (305) 825-4536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #