


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 030 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # S45241</b>                           |  |
| 1. Entity Name<br><b>O.K. PLUMBING CORP., INC.</b> |   |

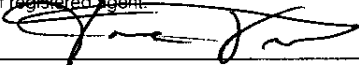
|   |   |
|---|---|
| Principal Place of Business<br><b>12023 SW 194 TERR<br/>MIAMI FL 33177<br/>US</b> | Mailing Address<br><b>9920 SW 72 ST<br/>MIAMI FL 33173<br/>US</b> |
|---|---|

|   |                       |
|---|-----------------------|
| 2. Principal Place of Business<br><b>9920 S.W 72 ST</b> | 3. Mailing Address    |
| Suite, Apt. #, etc.<br><b>MIAMI, FL</b>                 | Suite, Apt. #, etc.   |
| City & State<br><b>33173</b>                            | City & State          |
| Zip<br><b>33173</b>                                     | Country<br><b>USA</b> |



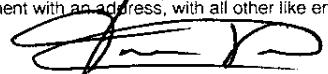
MOORE CR2E034 (11/03)

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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>VEGA, CARLOS<br/>12023 SW 194 TERR<br/>MIAMI FL 33177</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name <b>VEGA, JOSE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9920 S.W 72 ST</b><br>City <b>MIAMI</b> FL Zip Code <b>33173</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   | DATE <b>02/02/04</b> |
| (NOTE: Registered Agent signature required when reinstating)  |                      |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VEGA, JOSE<br>9920 SW 72 ST<br>MIAMI FL 33173 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>VEGA, JANINE<br>9920 S.W 72 ST<br>MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VEGA, CARLOS<br>12023 SW 194 TERR<br>MIAMI FL 33177 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>VEGA, JOSE<br>9920 S.W 72 ST<br>MIAMI FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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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 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:   | Date <b>02/02/04</b> Daytime Phone # <b>305-595-9854</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |