2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

1. Entity Nam	MENT # V19085 EUMBING SERVICE INC.				Sei	cretary of Sta
Principal Plac 110 NW 1 ST DANIA, FL 3	TREET	Mailing Address 110 NW 1 STREET DANIA, FL 33004 US			8)// 88/81 DIBY 8/// 8/DI/	SALL BURG BURG PURG BUSCHBU JI GRP
DO NOT WRITE IN THIS SPACE			CF		o Chg-P Cl	R2E034 (11/05)
_	,	0.7.		4. FEI Number 65-0378303	7	Applied For Not Applicable
				5. Certificate of Sta	itus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re-	gisterod Agent		-		
FT. LAUDI	2ND AVE #202 ERDALE, FL 33335 named entity submits this statement for things of registered agent.	e purpose of changing its registe	red office or register	IN TH	OT WRI	CE
SIGNATURE.	Signature, typed or printed name of registered agont and	bite if applicable (NOTE: Register	red Agent signature required	i when reinstating)	<u></u>	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ancing \$5 .	.00 May Be ed to Fees	U000007 05/16/07-8	46634 0075-025 150.00
10.	OFFICERS AND DIF	RECTORS	_		<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, PETER 110 NW 1 STREET DANIA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_			
TITLE NAME			-			

IN THIS SPACE

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:

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07

Daylime Phone #