

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V40461

FILED
Aug 29, 2007
Secretary of State**Entity Name:** AL HILL PLUMBING CORPORATION**Current Principal Place of Business:**664 NW 118TH STREET
MIAMI, FL 33168**New Principal Place of Business:****Current Mailing Address:**664 NW 118TH STREET
MIAMI, FL 33168**New Mailing Address:****FEI Number:** 65-0339665**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLEMAN, JACQUELINE
664 N.W. 118TH ST
MIAMI, FL 33168 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: VP (X) Delete
Name: HILL, TAMMY Y.,
Address: 664 NW 118TH STREET
City-St-Zip: MIAMI, FL 33168

Title: ST () Delete
Name: COLEMAN, JACQUELINE, L
Address: 664 NW 118TH STREET
City-St-Zip: MIAMI, FL 33168

Title: PD () Delete
Name: HILL, ALBERT
Address: 664 NW 118TH STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE COLEMAN

ST

08/29/2007

Electronic Signature of Signing Officer or Director_____
Date