

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000070511

**Entity Name:** XIMENO PLUMBING & ASSOCIATES INC

**Current Principal Place of Business:**

8210 NW 191 STREET  
APT H  
MIAMI, FL 33015

**Current Mailing Address:**

8210 NW 191 STREET  
APT H  
MIAMI, FL 33015 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

XIMENO, BEATRIZ  
8210 NW 191 STREET  
APT H  
MIAMI, FL 33015 US

*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

**Officer/Director Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title           | PRESIDENT                   | Title           | DIRECTOR                    |
| Name            | XIMENO, BEATRIZ             | Name            | ESPINOSA, ROBERTO           |
| Address         | 8210 NW 191 STREET<br>APT H | Address         | 8210 NW 191 STREET<br>APT H |
| City-State-Zip: | MIAMI FL 33015              | City-State-Zip: | MIAMI FL 33015              |

*I hereby 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 all other like empowered.*

**SIGNATURE:** BEATRIZ XIMENO

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date