DOCL	JMENT	r# P0100000	6575	•		pain g ** discour			
1. Entity Na						FILED			
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Principal Plac	ce of Busines	s	Mailing Address			SECRETARY OF STA TALLAHASSEE, FLOR	ATF		
3641 TURTLE RUN BOULEVARD SUITE 914 CORAL SPRINGS, FL 33067 2. Principal Place of Business 635 ANDERSON CIRCLE Suite Apt.#, etc, #210 City & Stale DEERFIELD BEACH, FL			3641 TURTLE RUN BOULEVARD SUITE 914 CORAL SPRINGS, FL 33067 3. Mailing Address 635 ANDERSON CIRCLE Suite. Apt. #. etc. #210 City & Stale DEERFIELD BEACH, FL			MALLAHASSEE, FLOF	RIDĀ		•
						FINSTATEN	AFNT	AT	
						REINSTATEMENT 03 DO NOT WRITE IN THIS SPACE			
						Zip 33	441	Country USA	Zip 33441
	6. Name	and Address of Current R	egistered Agent		7.	Name and Address of New R	Registered Age	nt	
TAX HOUSE CORPORATION				Name	Name TAX HOUSE CORPORATION				
	EDERAL HW			Stree	Street Address (P 0. Box Number is Not Acceptable) 1261 E SAMPLE ROAD				
POMPAN	IO BEACH FL	L 33064							
				City	001104	NO DE 1 OU	FL	Zip Code	^e 33064
8. The above r	named entity s	submits this statement for the	purpose of changing its regis	tered office or req		or both, in the State of Florida.			,
SIGNATURE_	Signature, typ	submits this statement for the sed or printed name of registered ble to satisfy its Intangible	agent and title if applicable.		istered agent, o	or both, in the State of Florida.	11/	04/03 DATE	
SIGNATURE _ 9. This corpo Tax filing I	Signature, typ pration is eligil requirement a	bed or printed name of registered ble to satisfy its Intangible and elects to do so.	agent and title if applicable. FILE NOW After MAY 1, 20	NOTE:Registere Ago	istered agent, o int signature requi 0.00 \$550.00	or both, in the State of Florida.	11	\$5.00	0 May Be
SIGNATURE _ 9. This corpo Tax filing I (See criter	Signature, typ	ed or printed name of registered	agent and title if applicable. FILE NOW After MAY 1, 20 Make Check Payat	NOTE:Registere Ago	istered agent, o int signature requi 0.00 \$550.00 int of State	ired when reinstating) 10. Election Campaign Fire	11/	\$5.00 Added	l to Fees
9. This corpo Tax filing (See criter	Signature, typ pration is eligil requirement a	bed or printed name of registered ble to satisfy its Intangible and elects to do so.	agent and title if applicable. FILE NOW After MAY 1, 20 Make Check Payat	NOTE:Registere Ag ! FEE IS \$150 103 Fee will be tile to Departme	istered agent, o int signature requi 0.00 \$550.00 int of State	ired when reinstating) 10. Election Campaign Fir Trust Fund Contribution	11/	\$5.00 Added	l to Fees
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changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAO PAULO AMARAL 11/04/03

(561) 856-5780 Daytime Phone #

FLORIDA DEPARTMENT OF STATE Division of Corporation 2003 Uniform Business Report (UBR) P.O. BOX 6327 Tallahassee, FL 32314

P0100006575
JP POOLS, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Annual Report Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

Joad Paulo Amaral - PRESIDENT

635/Anderson Circle #210 Deerfield Beach, FL 33441