


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000034007

1. Entity Name
POOL CARE, INC.



Principal Place of Business Mailing Address

15423 SOUTHWEST 113TH STREET **15423 SOUTHWEST 113TH STREET**
MIAMI, FL 33196 **MIAMI, FL 33196**

DO NOT WRITE IN THIS SPACE



07112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1088295 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARCE, JOHN D 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCE, PHYLLIS D 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCE, ROBERT L 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
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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: *John D. Arce* 07/11/04 305-386-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #