

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-15-2004 90035 033 ***150.00

DOCUMENT # P03000033094 1. Entity Name J & J POOL RESURFACING, INC.					
Principal Place of Business 11235 SW 43RD LANE MIAMI FL 33165			Mailing Address 11235 SW 43RD LANE MIAMI FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-424 5143	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YANES, JUAN E 11235 SW 43RD LANE MIAMI FL 33165				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Juan E Yanes</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 3/30/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD ☐ Delete NAME YANES, JUAN E STREET ADDRESS 11235 SW 43RD LANE CITY - ST - ZIP MIAMI FL 33165			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>Juan E Yanes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3/30/04	
				Daytime Phone # 305-710-0601	