


**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90362 012 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000156381</b>			
1. Entity Name <b>ARQUIMEDES ALVAREZ SWIMMING POOLS, INC</b>			
Principal Place of Business <b>3530 SW 105TH COURT MIAMI, FL 33165</b>		Mailing Address <b>3530 SW 106TH COURT MIAMI, FL 33165</b>	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>12-2422108</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Per Article	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARTINEZ, JACKELINE</b> <b>9600 SW 78 STREET</b> <b>MIAMI, FL 33173</b>		Name Street Address (P.O. Box Number) (if not applicable) City <b>FL</b> Zip Code	
8. The above named entity assumes the 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 _____ <small>Signature, Title or Printed Name of Individual Agent and title if applicable. (NOT) Registered Agent signature required when appointed.</small>			
FILE MONTHLY FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS ALL INFORMATION CONTAINED IN THIS REPORT IS SUBJECT TO THE PROVISIONS AND CONDITIONS OF THE STATE OF FLORIDA.			
TITLE <b>P</b> NAME <b>ALVAREZ, ARQUIMEDES</b> STREET ADDRESS <b>3530 SW 105TH COURT</b> CITY-ST-SP <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SEC</b> NAME <b>MARTINEZ, JACKELINE</b> STREET ADDRESS <b>9600 SW 78TH STREET</b> CITY-ST-SP <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 807, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other fee empowers.			
SIGNATURE: <i>Arquimedes Alvarez</i> <span style="float: right;">4/20/04</span>			

66420315



03282004 Cmg-P CR2834 (10/03)