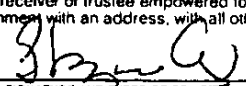


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-16-2007 90024 036 ***158.75

DOCUMENT # P06000131162 1. Entity Name MT POOL SUPPLIES, INC.					
Principal Place of Business 4707 SW 74TH AVENUE MIAMI, FL 33175			Mailing Address 4707 SW 74TH AVENUE MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5754073	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOZADA, CESAR 4707 SW 74TH AVENUE MIAMI, FL 33175					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D LOZADA, CESAR 4707 SW 74TH AVENUE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, NORBERTO F 4707 SW 74TH AVENUE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZADA, ADRIANA 4707 SW 74TH AVENUE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZADA, GISELA 4707 SW 74TH AVENUE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

66018610



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