


04-07-2003 90988 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000015431</b> 1. Entity Name <b>C &amp; A POOLS, INC</b>			30050187																									
Principal Place of Business 3583 WILES ROAD APT 103 COCONUT CREEK, FL 33073		Mailing Address 3583 WILES ROAD APT 103 COCONUT CREEK, FL 33073																										
2. Principal Place of Business <i>3583 Wiles Rd #103</i>		3. Mailing Address [REDACTED]																										
Suite, Apt. #, etc. [REDACTED]		Suite, Apt. #, etc. [REDACTED]																										
City & State <i>Coconut Creek FL 33073</i>		City & State [REDACTED]																										
Zip [REDACTED]		Country [REDACTED]																										
4. FEI Number 65-0901076		Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES																										
6. Name and Address of Current Registered Agent VALENZUELA, ALVARO F 3583 WILES ROAD APT 103 COCONUT CREEK, FL 33073		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: <i>[Signature]</i> DATE: <i>4/8/03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)</small>																												
FILE NOW! Fee is \$150.00 After May 1, 2003, Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="width: 50%; padding: 2px;">                             P                              VALENZUELA, ALVARO                              3583 WILES ROAD APT 103                              COCONUT CREEK, FL 33073                         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENZUELA, ALVARO 3583 WILES ROAD APT 103 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 signature like empowered.																												
SIGNATURE: <i>[Signature]</i> DATE: <i>4/8/03</i>		(904) 448-4942																										
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																												

CH2E034 (10/02)