

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025512

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC1104962415**

**Entity Name:** POOL PRO OF SOUTH FLORIDA, CORP.

**Current Principal Place of Business:**

1000 PONCE DE LEON BLVD., STE 325  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1000 PONCE DE LEON BLVD., STE 325  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-2263599

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALKA & KRAVITZ, P.A..  
1300 SAWGRASS CORP PKWY  
STE: 100  
SUNRISE, FL 33323 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HERNANDEZ, MAYELIN  
Address 1000 PONCE DE LEON BLVD., STE 325  
City-State-Zip: CORAL GABLES FL 33134

Title V  
Name DIAZ, ALBERTO  
Address 1200 ANASTASIA AVENUE STE 207  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERNANDEZ MAYELIN

**PRESIDENT**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date