
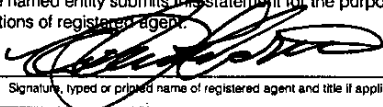
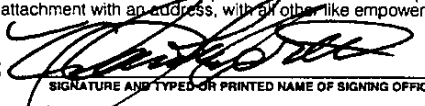


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90291 016 ***150.00

| | | | | | |
|---|--|--|---|--|---|
| DOCUMENT # 227442 1. Entity Name SOUTH MIAMI POOL COMPANY | | | |  | |
| Principal Place of Business 2457 WEST 80TH ST BAY 6 HIALEAH, FL 33016 US | | | Mailing Address 8757 NW 140 LANE MIAMI LAKES, FL 33018 US | | |
| 2. Principal Place of Business 8941 S.W. 177 Terrace | | 3. Mailing Address 8941 S.W. 177 Terrace | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Hialeah | | City & State Hialeah | | 4. FEI Number 59-0880649 57-1172346 | |
| Zip 33012 | | Country Usa | | Applied For Not Applicable | |
| Zip 33012 | | Country Usa | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAMBERT, ALAIN E 8757 NW 140 LANE MIAMI LAKES, FL 33018 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8941 S.W. 177 Terrace City Hialeah FL Zip Code 33012 | |
| 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  DATE 4/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P LAMBERT, ALAIN E 8757 NW 140 LANE MIAMI LAKES, FL 33018 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same 8941 S.W. 177 Terrace Hialeah, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC OISTER, JR., WILLIAM P 10000 SW 100 ST MIAMI, FL 33176 | <input type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | | Date 4/9/05 Daytime Phone # (305) 826-3560 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |