

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 474308**

1. Entity Name  
**ACTIVE POOL SERVICE, INC.**



Principal Place of Business  
**19904 NW 2ND AVENUE  
MIAMI, FL 33169**

Mailing Address  
**19904 NW 2ND AVENUE  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1609681**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MILES, THOMAS  
19904 N.W. 2ND AVE.  
MIAMI, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MILES, THOMAS
STREET ADDRESS	5541 S.W. 37TH ST.
CITY-ST-ZIP	W. HOLLYWOOD, FL
TITLE	D
NAME	MILES, THOMAS
STREET ADDRESS	5541 S.W. 37TH ST.
CITY-ST-ZIP	W. HOLLYWOOD, FL
TITLE	ST
NAME	MILES, VIVIANNE
STREET ADDRESS	5541 S.W. 37TH ST.
CITY-ST-ZIP	W. HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD7000144426  
04/30/04-RD129-022 150.00

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IN THIS SPACE**

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:** *X Vivianne Miles, Sec/treas.* **4/27/04 305-653-0115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #