


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90175 045 \*\*\*150.00

<b>DOCUMENT # 517405</b> 1. Entity Name BLUE N CLEAR POOLS, INC.	
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Principal Place of Business 701 NW 12TH AVE MIAMI, FL 33126-3611 US	Mailing Address 701 NW 12TH AVE MIAMI, FL 33136 US
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60033030



2. Principal Place of Business - No P.O. Box # 5245 NW. 1 STREET	3. Mailing Address 5245 NW. 1 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232008 Chg-P CR2E034 (12/06)

City & State MIAMI, FL..	City & State MIAMI
Zip 33126	Country USA

4. FEI Number 59-1712470	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HERNANDEZ, RAFAEL 5245 NW 1 STREET MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 except the obligations of registered agent. SIGNATURE: <i>[Signature]</i> RAFAEL HERNANDEZ PRESIDENT	DATE: 4/26/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, RAFAEL 5245 N.W. 1 ST. MIAMI, FL 33126 <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 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: <i>[Signature]</i> RAFAEL HERNANDEZ PRESIDENT	DATE: 4/26/08 (301) 798-7779