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

DOCUMENT # F58 1. Entity Name ADMIRAL POOL SERVICE, INC.						
Principal Place of Business 10320 SW 82 AVE. MIAMI FL 33156 US	Mailing Address 10320 SW 82 AVE. MIAMI FL 33156 US					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State	4.				
Zip Country	Zip C	ountry 5.				
6. Name and Address of C	urrent Registered Agent	7.				
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FILED Apr 07, 2003 8:00 am Secretary of State

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2. Principal Place of Bluereges 3. Infeiting Address Suite, Apt. 4, etc. CHECK HERE IF MAKING CHANGES Levy & State Check Here If Making Changes Exp Country Zer Normal and Address of Current Registered Agent Normal Infeiting Check State Normal and Address of Current Registered Agent Normal Infeiting Check State Normal and Address of Current Registered Agent Normal Infeiting Check State Normal and Address of Current Registered Agent Normal Infeiting Check State Normal and Address of Current Registered Agent Normal Infeiting Check State Normal Address of New Registered Agent Normal Infeiting Check State Stat	10320 SW 82 AVE. 10320 SW 82 AVE. MIAMI FL 33156 MIAMI FL 33156						6 4 3 14) 8 1 4 12 3 44	14 B1B21 B(B)	. B. S. I B. I B. I B. I B. I				
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City & State Country Country Country S. Certification of Status Desired S. 75 Additional Power of Power Registered Agent 7. Name and Address of New Registered Agent Name LEALI, GEORGE W. 10202 SW 82 AVE. MAMI FL 33156 City & State City & State City & State City & State Name Size Address (P.O. Box Number is Not Acceptable) City & State Address of New Registered Agent The above named energy submits stationent 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. Significant or registered agent. Signi	Principal Place of Business Mailing Address								1 B1011 01011 (001) -				
Zip Country Zip Country S. Certification of Status Desired S8.75 Additional Proprietation Propri	Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Zip Country Zip Country s. Certificate of Status Desired S8.75 Additional Fee Prepared 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEALI, GEORGE W. 10320 SW 82 AVE. MIAMI FL 33156 City FL Zip Code 8. The above named enay 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept the familiar with all agent ag	City & Stat	City & State City & State				4.	FEI Number 59-2145360						
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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 accept the obligations of registered agent. SIGNATURE FILE NOW!!! FILE S \$150.00	MIAMI FL	33156											
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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 all other like empowered

SIGNATURE:

305-661-2899