

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90042 035 \*\*\*150.00

**DOCUMENT # F94553**

1. Entity Name  
**IBARRA POOL & SPA CORP.**



Principal Place of Business

Mailing Address

11035 BIRD RD  
MIAMI, FL 33165

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MIAMI, FL 33165



03232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2212057	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IBARRA, LUIS E.  
~~10100 SW 103 TERR~~  
11035 SW 40 ST.  
MIAMI, FL 33186

*11035 SW 40th St.  
Miami FL 33186*

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

*ANA IBARRA*  
(NOTE: Registered Agent signature required when reinstating)

DATE: *3/30/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IBARRA, LUIS F. 4950 SW 63RD AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBARRA, ANA 4950 SW 63RD AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD IBARRA, RAYMOND E 4950 SW 63RD AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBARRA, LUIS E 13100 SW 103RD TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: *[Signature]* *ANA IBARRA* 3/30/05 (305) 221-0673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #