2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55625

Address:

City-St-Zip:

5820 N.W. 114 ST

HIALEAH, FL 330126612

FILED Apr 02, 2009 Secretary of State

Entity Name: LULI POOLS SERVICE AND SUPPLIES INC.					
Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
5375 WEST 20TH AVENUE HIALEAH, FL 330122101				5375 WEST 20TH AVENUE HIALEAH, FL 33012	
Current Ma	ailing Addres	s:	New Mailing Add	New Mailing Address:	
6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005				5375 WEST 20TH AVENUE HIALEAH, FL 33012	
FEI Number:	59-2312112	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005 US			2250 S.W. 3RD A\ SUITE 303	LUIS FERNANDEZ P.A. 2250 S.W. 3RD AVE SUITE 303 MIAMI, FL 33129 US	
The above in the State		submits this statement for the pu	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	E: LUIS FEF	RNANDEZ		04/02/2009	
	Electror	ic Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BOUZA, JESUS 340 NW 161 AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () BOUZA, MILAG 5820 NW 114T HIALEAH, FL 3	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () BOUZA. MIGUE	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MIGUEL BOUZA 04/02/2009 S