


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K07716</b> 1. Entity Name A-OKAY POOLS, INC.	
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Principal Place of Business 19344 NW, 12 STREET PEMBROKE PINES, FL 33029 US	Mailing Address 19344 NW 12 ST. PEMBROKE PINES, FL 33029 US
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**DO NOT WRITE IN THIS SPACE**

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03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0069402	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TAMMI GOTTFRIED 19344 NW 12TH STREET PEMBROKE PINES, FL 33029	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000093502 03/22/04-80020-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOTTFRIED, NEIL 19344 NW 12TH ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST G GOTTFRIED, TAMMI 19344 NW 12TH ST PEMBROKE PINES, FL
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**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:** *Tammi Gottfried* *Tammi Gottfried* 3/17/04 954 432 9202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #