

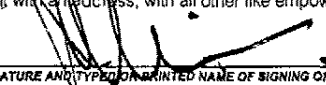
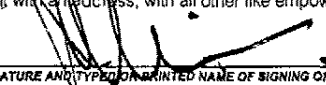
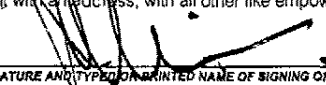


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K47857</b> 1. Entity Name <b>ARTISTIC POOLS OF MIAMI, INC.</b>													
Principal Place of Business <b>306 ALCAZAR AVENUE STE 302 CORAL GABLES, FL 33134</b>	Mailing Address <b>306 ALCAZAR AVENUE STE 302 CORAL GABLES, FL 33134</b>												
<b>DO NOT WRITE IN THIS SPACE</b>		01192007    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">4. FEI Number <b>65-0086043</b></td><td style="width: 40%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>65-0086043</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>								
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6. Name and Address of Current Registered Agent  <b>ALBERT, VEGA 306 ALCAZAR AVENUE STE 302 CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <div style="text-align: right; padding-top: 5px;">U00000616860 02/07/07-80048-006 158.75</div>											
<b>10. OFFICERS AND DIRECTORS</b>													
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td style="width: 85%;">PD <b>MORENO, JOSE E 2850 SW 134TH AVE. MIAMI, FL 33175</b></td></tr><tr><td><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td>VD <b>MORENO, MADY C 2850 SW 134TH AVE MIAMI, FL 33175</b></td></tr><tr><td><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td>STD <b>MORENO, JOEL E 2850 SW 134TH AVE MIAMI, FL 33175</b></td></tr><tr><td><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td> </td></tr><tr><td><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td> </td></tr><tr><td><small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small></td><td> </td></tr></table>	<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	PD <b>MORENO, JOSE E 2850 SW 134TH AVE. MIAMI, FL 33175</b>	<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	VD <b>MORENO, MADY C 2850 SW 134TH AVE MIAMI, FL 33175</b>	<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	STD <b>MORENO, JOEL E 2850 SW 134TH AVE MIAMI, FL 33175</b>	<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>		<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>		<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	
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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.													
<table style="width: 100%;"><tr><td style="width: 40%;"><b>SIGNATURE:</b> </td><td style="width: 20%; text-align: center;"><b>JOSE E. MORENO</b></td><td style="width: 40%; text-align: right;">1-24-07 (305) 223-3939 <small>Date      Daytime Phone #</small></td></tr><tr><td colspan="3" style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td></tr></table>			<b>SIGNATURE:</b> 	<b>JOSE E. MORENO</b>	1-24-07 (305) 223-3939 <small>Date      Daytime Phone #</small>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
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