

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 30, 2004 8:00 am
Secretary of State

07-12-2004 90133 032 ****50.00

DOCUMENT # L03000014450	
1. Entity Name VIP POOL SERVICE, LLC	

Principal Place of Business 8180 NW 36TH ST., STE. 230 MIAMI, FL 33166	Mailing Address 8180 NW 36TH ST., STE. 230 MIAMI, FL 33166
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34009618

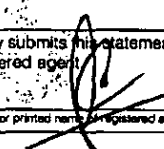
2. Principal Place of Business 1820 N Corporate Lake Blvd Suite, Apt., #, etc. 203	3. Mailing Address 1820 N Corporate Lake Blvd Suite, Apt., #, etc. 203
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City & State WESTON, FL	City & State Weston, FL
Zip 33326	Zip 33326
Country USA	Country USA

06302004 Chg-LLC CR2E083 (10/03)

8. Name and Address of Current Registered Agent GUERNICA, EDUARDO A CPA 8180 NW 36TH ST., STE. 230 MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name JUAN CARLOS CALLEJAS Street Address (P.O. Box Number is Not Acceptable) 1820 N CORPORATE LAKE BLVD # 203 City WESTON FL Zip Code 33326	

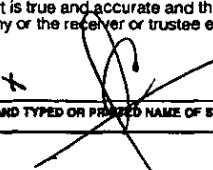
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 07-07-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

- Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE R 1820 NORTH CORPORATE LAKE BLVD. STE. #203 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN CARLOS CALLEJAS 1820 N Corporate Lake Blvd # 203 Weston, FL 33326 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 07/23/04 (954) 385-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE