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FILED
Jul 30, 2004 8:00 am
Secretary of State
07-12-2004 90133 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000014450

1. Entity Name
VIP POOL SERVICE, LLC

34009618

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

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

06302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1163103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

6. 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

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

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 Bvld # 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: X [signature] 07/23/04 (954) 385-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #