


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 031 ***150.00

DOCUMENT # L23592 1. Entity Name V & R POOL SERVICE, INC.					
Principal Place of Business 20021 NW 40TH AVE CORAL CITY, FL 33055-1366			Mailing Address 20021 NW 40TH AVE CORAL CITY, FL 33055-1366		
2. Principal Place of Business - No P.O. Box # 19900 NW 37 AVE		3. Mailing Address P.O. BOX 552500			
Suite, Apt. #, etc. D-13		Suite, Apt. #, etc.			
City & State MIAMI GARDENS, FL		City & State CAROL CITY, FL		4. FEI Number 65-0168332	
Zip 33056		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CINTRON JR, RAYMOND 20021 NW 40TH AVE CAROL CITY, FL 33055		7. Name and Address of New Registered Agent Name PAUL A. KOPROWSKI Street Address (P.O. Box Number is Not Acceptable) 10031 PINES BLVD #224 City PEMBROKE PINES FL Zip Code 33024			
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: <u><i>PAUL A. KOPROWSKI</i></u> DATE: <u>4/17/07</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAYMOND, CINTRON JR 20021 NW 40TH AVE CAROL CITY, FL 33055		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u><i>RAYMOND CINTRON JR</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		RAYMOND CINTRON JR PRESIDENT Date: <u>4/17/07</u> Daytime Phone #: <u>(305) 216-3504</u>			

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