2004 FOR PROFIT CORPORATION ANNUAL REPORT

$158.75 FILED

04 JAN 15 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M21033

1. Entity Name
C& S POOL SERVICE, INC.

Principal Place of Business	Mailing Address
% OSVALDO PENA 10321 S.W. 37TH TERRACE MIAMI, FL 33165	% OSVALDO PENA 10321 S.W. 37TH TERRACE MIAMI, FL 33165

01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2594200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~FABIOLA, PENA S~~ OSUALDO PENA
10321 S.W. 37TH TERRACE
MIAMI, FL 33165

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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 Osvaldo Pena Reg Agent 1-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~PSD~~
NAME	~~PENA, FABIOLA S~~ Delete
STREET ADDRESS	10321 SW 37 TERR
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	~~VPT~~ Pres, Sec DIRECTOR
NAME	PENA, OSUALDO PENA OSUALDO
STREET ADDRESS	10321 SW 37 ~~TERR~~ TERRACE
CITY-ST-ZIP	MIAMI, FL 33162 MIAMI, FLA 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04--01013--025 **158.75

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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: X Osvaldo Pena Pres 1-14-04 305-554-6787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #