FILED 2005 FOR PROFIT CORPORATION Jan 31, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # M21033 1. Entity Name O & S POOL SERVICE, INC. Mailing Address Principal Place of Business % OSVALDO PENA % OSVALDO PENA 10321 S.W. 37TH TERRACE MIAMI, FL 33165 10321 S.W. 37TH TERRACE MIAMI, FL 33165 01272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2594200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent OSVALDO, PENA DO NOT WRITE 10321 S.W. 37TH TERRACE MIAMI, FL 33165 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE NAME PENA, OSVALDO U00000206840 10321 SW 37 TERRACE STREET ADDRESS 02/01/05-80020-021 158.75 CITY-ST-ZIP MIAMI, FL 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; 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 in changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ANE OF SIGNING OFFICER OR DIRECTOR

1-20-05

554-628 Daytime Phone #