## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P00000031471 Jan 15, 2004 08:00 AM Secretary of State RALPH CARNATHAN POOL SERVICE & REPAIR, INC. Principal Place of Business Mailing Address 9430 SW 190 STREET 9430 SW 190 STREET MIAMI, FL 33157 MIAMI, FL 33157 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0994888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARNATHAN, RALPH E DO NOT WRITE 9430 SW 190 STREET MIAMI, FL 33157 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 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TSTLF CARNATHAN, RALPH E NAME 9430 SW 190 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 V00000005521 01/15/04-80056-009 158.75 NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP साउट IN THIS SPACE NAME STREET ADDRESS CITY-ST-78P 333LE NAME STREET ADORESS CITY-ST-ZIP TIRLE NAME STREET ADDRESS CRY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pala E and the Receiver of Statutes and Type on Printer and Type on Printer on greater or states or states