

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000102120

1. Entity Name

ARIA'S POOL SERVICES, CORP.



Principal Place of Business

**PO BOX 601492
N MIAMI BEACH, FL 33160**

Mailing Address

**PO BOX 601492
N MIAMI BEACH, FL 33160**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**GUILLERMO PRIETO, LUIS
711 N.W. 68 AVENUE
HOLLYWOOD, FL 33024**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**U000000515217
04/29/06-80199-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

GUILLERMO PRIETO, LUIS

STREET ADDRESS

711 NW 68 AVENUE

CITY-ST-ZIP

HOLLYWOOD, FL 33024

TITLE

V

NAME

LUCIA PRIETO, OLGA

STREET ADDRESS

711 68 AVENUE

CITY-ST-ZIP

HOLLYWOOD, FL 33024

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Guillermo Prieto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone