

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90027 047 \*\*\*150.00

**DOCUMENT # P00000116476**

1. Entity Name  
**ALL SWIMMING POOL FINISHERS INC.**



Principal Place of Business  
**2221 H.W. 72ND WAY  
 PEMBROKE PINES FL 33024**

Mailing Address  
**2221 H.W. 72ND WAY  
 PEMBROKE PINES FL 33024**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1065357**  
 Applied For  
 Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERNANDEZ, ANTONIO  
 2221 N.W. 72ND WAY  
 PEMBROKE PINES FL 33024**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input type="checkbox"/> Delete
NAME HERNANDEZ, ANTONIO	
STREET ADDRESS 2221 N.W. 72ND WAY	
CITY-ST-ZIP PEMBROKE PINES FL 33024	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, ENRIQUE	
STREET ADDRESS 338 EAST 8TH ST	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, DAVID	
STREET ADDRESS 338 EAST 8TH ST.	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>VP</i> HERNANDEZ, DAVID	
STREET ADDRESS <i>338 EAST 8TH ST</i>	
CITY-ST-ZIP <i>HIALEAH FL 33010</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Antonio Hernandez* **2/17/2004 954-8881145**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #