


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000116476	
1. Entity Name ALL SWIMMING POOL FINISHERS INC.	

Principal Place of Business 2221 N.W. 72ND WAY PEMBROKE PINES, FL 33024	Mailing Address 2221 N.W. 72ND WAY PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1065357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ENRIQUE E
338 EAST 8TH STREET
HIALEAH, FL 33010

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000586285 01/16/07-80045-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, DAVID 338 EAST 8TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERNANDEZ, ENRIQUE E 338 EAST 8TH ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  1/7/07 954 868-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #