

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90069 046 \*\*\*150.00

**DOCUMENT # P01000006239**  
 1. Entity Name  
 LUNA POOL SERVICE, INC.



Principal Place of Business  
 301 N.W. 93RD AVENUE  
 PEMBROKE PINES, FL 33024

Mailing Address  
 301 N.W. 93RD AVENUE  
 PEMBROKE PINES, FL 33024

66017382



03072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1069919

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 LUNA, JULIO  
 301 N.W. 93RD AVENUE  
 PEMBROKE PINES, 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 re-registering) 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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUNA, DARLENE
STREET ADDRESS	301 N.W. 93RD AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DVP
NAME	LUNA, JULIO
STREET ADDRESS	301 N.W. 93RD AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
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 I am empowered.

SIGNATURE: Darlene Luna 5/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #