


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000034007 1. Entity Name POOL CARE, INC.	
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Principal Place of Business 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196	Mailing Address 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
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07112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088295	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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**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
Due by September 8, 2004**

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

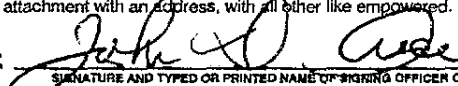
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARCE, JOHN D 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCE, PHYLLIS D 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCE, ROBERT L 15423 SOUTHWEST 113TH STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  07/11/04 305-386-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #