

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000034007

1. Entity Name
POOL CARE, INC.



Principal Place of Business
15423 SOUTHWEST 113TH STREET
MIAMI, FL 33196

Mailing Address
15423 SOUTHWEST 113TH STREET
MIAMI, FL 33196



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088295	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

DANIEL, ARCE
17460 SW 113TH CT.
MIAMI, FL 33137

**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. ☐ **\$5.00** May Be
Added to Fees

000000746608
05/16/07-80075-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ARCE, JOHN D
STREET ADDRESS	15423 SOUTHWEST 113TH STREET
CITY- ST- ZIP	MIAMI, FL 33196

TITLE	V
NAME	ARCE, PHYLLIS D
STREET ADDRESS	15423 SOUTHWEST 113TH STREET
CITY- ST- ZIP	MIAMI, FL 33196

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/07 Daytime Phone # _____