




FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90241 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000078853</b>			
1. Entity Name <b>RAFAEL POOL SERVICES, INC.</b>			
Principal Place of Business 14211 S.W. 106TH TERRACE MIAMI, FL 33186		Mailing Address 14211 S.W. 106TH TERRACE MIAMI, FL 33186	
2. Principal Place of Business 9893 SW-159 PATH.		3. Mailing Address P.O. BOX 652241	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc.	
City & State FL		City & State MIAMI, FL	
Zip 33194	Country U.S.A.	Zip 33265	Country U.S.A.
4. FEI Number 65-1129535		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 QUEVEDO, RAFAEL 14211 S.W. 106TH TERRACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: RAFAEL QUEVEDO Street Address (P.O. Box Number is Not Acceptable) 9893 SW-159 PATH City: MIAMI FL FL Zip Code: 33194	
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's signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUEVEDO, RAFAEL 14211 S.W. 106TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9893 SW-159 PATH- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, JOSE J 14211 S.W. 106TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9893 S.W.-159 PATH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUEVEDO, IRMA 14211 S.W. 106TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9893 SW-159 PATH- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-22-2003 Date Daytime Phone #	

CR2E034 (10/02)