

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90269 003 \*\*\*158.75

**DOCUMENT # P02000041084**

1. Entity Name  
R.F. POOL SERVICES INC.



Principal Place of Business

7410 S.W. 8TH ST.  
MIAMI, FL 33144

Mailing Address

7410 S.W. 8TH ST.  
MIAMI, FL 33144



02292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0583342

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ACOSTA, ELSA C  
6771 SW 4TH STREET  
MIAMI, FL 33144

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CURNOW, FRANK 7410 S.W. 8TH ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBAINA, GERARDO 6771 SW 4 STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ACOSTA, ELSA C 6771 SW 4 STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, FRANCISCO 7410 S.W. 8TH ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLAZABAL, PABLO 7410 S.W. 8TH ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBREIRO, JUAN 7410 S.W. 8TH ST. MIAMI, FL 33144

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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:**

*Gerardo Robaina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/04*

Date

*(305) 262-1516*

Daytime Phone #