## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 AM Secretary of State

DOCUMENT # P02000041084  1. Entity Name R.F. POOL SERVICES INC.					Secretary of State				
Principal Plac	ce of Business	Mailing Address			†				
7410 S.W. 8TH ST. MIAMI, FL 33144		7410 S.W. 8TH ST. MIAMI, FL 33144							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312007	Chg-P	CR2E034	4 (12/06)	
City & State		City & State	City & State		4. FEI Number 02-0583			<u> </u>	plied For t Applicable
Zip	Country Zip		Country		1	f Status Desired		8.75 Add	
	6. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and A	Address of New R	<del></del>		
ACCETA	ELSA C			Name					
ACOSTA, ELSA C 6771 SW 4TH STREET MIAMI, FL 33144				Street Address (	is (P.O. Box Number is Not Acceptable)				
	The second			City				Zip Code	3
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	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s register	ea office or register	red agent, or both	, in the State of Fio	rida. Tam tar	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	ent and little if applicable. (NO	TE: Registere	ed Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTORS	3 IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 coath; that I am an officer or director of the corporation or the receiver or frustee 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.

Tank War and

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #

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SIGNATURE: