

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT AMENDMENT

DOCUMENT # P02000063485

1. Entity Name
WESTLAND POOL SERVICE AND SUPPLY, INC.



FILED
04 FEB 18 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5375 WEST 20TH AVENUE
HIALEAH, FL 33012

Mailing Address
5375 WEST 20TH AVENUE
HIALEAH, FL 33012

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
782 NW LeJeune Road
Suite, Apt. #, etc.
City & State
Zip

02122004 Chg-P CR2E034 (10/03)

4. FEI Number
55-0710504

Applied For
☒ Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUZA, JESUS R
5375 WEST 20TH AVENUE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
JESUS BOUZA
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 DATE 02/13/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	Delete
D	BOUZA, JESUS R	5375 WEST 20TH AVENUE	HIALEAH, FL 33012	<input checked="" type="checkbox"/>
S	BOUZA, MIGUEL	5375 W 20 AVE	HIALEAH, FL 330121	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P D	BOUZA, Jesus	5375 West 20th Avenue	HIALEAH, FL 33012	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
V	BOUZA, Milagros	5375 West 20th Avenue	HIALEAH, FL 33012	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

02/13/2004 (305) 227-7777

Date

Daytime Phone #

TR