2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2005 8:00 am Secretary of State DOCUMENT# P02000068902 1. Entity Name 05-03-2005 90071 029 ***150.00 MR. POOLS USA, CORP. Principal Place of Business Mailing Address 7275 SW 138 AVE MIAMI FL 33183 7275 SW 138 AVE MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address 255 TERR 3332 SW 255 TELL <u>13332</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Homestead City & State 4. FEI Number Applied For 02-0621173 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASTANO, JUAN G Street Address (P.O. Box Number is Not Acceptable) 9351 FONTAINBLEAU BLVD., #B109 **MIAMI FL 33172** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition | NAME CASTANO, JUAN G NAME 9351 FONTAINBLEAU BLVD., #B109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP X Delete Gloria, A. Granados TITLE TITLE Addition ANDREA, GRANADOS G NAME NAME 13332 SW 255 TERE 9351 FONTAINBLEAU BLVD B109 STREET ADDRESS STREET ADDRESS Homestead /FL 33032 CITY-ST-ZIP MIAMI FL 33172 CITY-S1-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete THILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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:

FILED