2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P02000070725 1. Entity Name A PALACIOS POOL, INC.			05-02-200	07 90047 039 ***158.75
Principal Place of Business	Mailing Address		-	,
3821 EAST 8TH COURT	3821 EAST 8TH COURT			
HIALEAH, FL 33013	HIALEAH, FL 33013			
				83))) 88)(1:186)) 98)3) 183(8 (386) 88)88) (1:18)
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	~~		
3841 € 8 CT Suite, Apt. #, etc.			- -	
Outo, Apr. 1, oto.	odite, ript. #, oto.		04232007 Chg-P	CR2E034 (12/06)
City & State HIALENH, FL.	City & State HIA IEA	H. FL.	4. FEI Number 06-1639348	Applied For Not Applicable
Zip 33013 Country LADE	Zip 33=13 /	Country 1: AMI - DA DE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current R	egistered Agent		7. Name and Address of New	Registered Agent
LIMANA RICORERTO D		Name Ur	1ANA RIGOBERT	5 D
UMANA, RIGOBERTO D 3821 EAST 8TH COURT	Street Address	Street Address (P.O. Box Numbervie Not Acceptable)		
HIALEAH, FL 33013 :		2011	100	
		3841	€ 8 CT	7.0.1
		City HIA	LEAH, FL.	FL Zip Code 3013
	the purpose of changing its reg	istered office or registe	red agent, or both, in the State of	Florida. I am lamitiar with, and accept
the obligations of registered agent.				11/2010
SIGNATURE	della il confection (MOTE: De-	gistered Agent signature require	duhan rejustatora)	4 22/3/
Signature, tyles or drintet name or officered agent an	d the ir appricacie. (NOTE: Net	Alstered What is suffraction sections	o who i remaistrify	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign to Trust Fund Contribu		i.00 May Be ded to Fees	
10. OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO O	PFICERS AND DIRECTORS IN 11
TITLE PTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME UMANA, RIGOBERTO D		NAME STREET ADDRESS		
STREET ADDRESS 3821 EAST 8TH COURT CITY-ST-ZIP HIALEAH, FL 33013		CITY-ST-ZIP		
TITLE	☐ Delele	TITLE	···	Change Addition
NAME	5550	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	☐ Delete	TITLE		Crange Addition
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	THILE		Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	j	NAME		
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		,
CITY-SI-ZIP	☐ Delete	TITLE	,	☐ Change ☐ Addition
TIFLE NAME		NAME		المان على المان الما
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	$\overline{}$	CITY-SI-ZIP		
12. I hereby certify that the information supplied with indicated on this report or supplied enter report is of the corporation or the receiver or visitee emporing changed, or on an attachment with an address with an address.	this tiling does not qualify for the true and accurate and that my s	e exemptions containe signature shall have the	id in Chapter 119, Florida Statute same legal effect as if made und	s. I turther certify that the information ler oath; that I am an officer or director
of the corporation or the receiver or visitee empor changed, or on an attachment with a address w	vered to execute this report as in all other like empowered.	required by Chapter 60	 Horida Statutes; and that my n 	ame appears in Block 10 or Block 11 if
1 X M	\times 7)		04/22/07	
SIGNATURE: SIGNATURE AND TYPED OR PE	NTED NAME OF SIGNING OFFICER OR I	DIRECTOR	Pate	Daytime Phone #