

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90435 027 \*\*\*150.00

<b>DOCUMENT # P02000078126</b>	
1. Entity Name <b>LEGACY POOLS OF SOUTH FLORIDA, INC.</b>	



Principal Place of Business <b>7000 NW 35 AVE. MIAMI, FL 33147</b>	Mailing Address <b>1091 EAST 26 STREET HIALEAH, FL 33013</b>
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2. Principal Place of Business <b>10072 N.W. 50th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>10072 N.W. 50th Street</b> Suite, Apt. #, etc.
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City & State <b>Sunrise, Florida</b>	City & State <b>Sunrise, Florida</b>
Zip <b>33351</b>	Zip <b>33351</b>
Country <b>Broward</b>	Country <b>Broward</b>



03232004 Chg-P CR2E034 (10/03)

4. FEI Number <b>82-0556343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DIQUEZ, MARSHA P 6508 IBIS WAY COCONUT CREEK, FL 33073</b>	7. Name and Address of New Registered Agent Name <b>Marsha P. Diquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10072 N.W. 50th Street</b> City <b>Sunrise</b> FL Zip Code <b>33351</b>
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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 <i>Marsha Diquez, Vice President</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>4-16-04</b> DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIQUEZ, MARSHA P 1091 EAST 26 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D Diquez, Marsha P. 10072 N.W. 50th Street Sunrise, Florida 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, ROBERTO 1091 EAST 26 STREET HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Dalal, Roger 2592 S.W. Bridgeview Terrace Palm City, Florida 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIQUEZ, MARSHA 6508 IBIS WAY COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARENCIBIA, ROBERTO 748 E. 53 ST. HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4-16-04</b> Date	DAYTIME PHONE <b>(561) 262 0222</b> Daytime Phone #
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